KPMG LLP COMPU-MAX MICRO SYSTEM
IN LIEU OF FORM CMS-2552-96 (11/98)

VERSION: 2008.05 11/30/2008 12:00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX COST REPORT CERTIFICATION AND SETTLEMENT SUMMARY

WORKSHEET S PARTS I & II

	INTERMEDIARY USE ONLY:]]	AUDITED DESK REVIEWED	DATE RECEIVED INTERMEDIARY NO.		. [] INITI	AL	[xx]	RE-OPEN	
					PART I - CERTIFICAT	'ION						
	CHECK APPLICABLE BO	X			LY FILED COST REPORT MITTED COST REPORT		DATE: _ TIME: _					
ES	SENTATION OR F	ALSIF	ICA:	TION OF ANY INFORMATION CO	ONTAINED IN THIS COS	T REPORT	MAY BE	PUNISHABL	E BY CE	RIMINAL,	CIVIL	

MISREPRESENTATION OR FALSIFICATION OF ANY INFORMATION CONTAINED IN THIS COST REPORT MAY BE PUNISHABLE BY CRIMINAL, CIVIL AND ADMINISTRATIVE ACTION, FINE AND/OR IMPRISONMENT UNDER FEDERAL LAW. FURTHERMORE, IF SERVICES IDENTIFIED IN THIS REPORT WERE PROVIDED OR PROCURED THROUGH THE PAYMENT DIRECTLY OR INDIRECTLY OF A KICKBACK OR WHERE OTHERWISE ILLEGAL, CRIMINAL, CIVIL AND ADMINISTRATIVE ACTION, FINES AND/OR IMPRISONMENT MAY RESULT.

CERTIFICATION BY OFFICER OR ADMINISTRATOR OF PROVIDER(S)

I HEREBY CERTIFY THAT I HAVE READ THE ABOVE STATEMENT AND THAT I HAVE EXAMINED THE ACCOMPANYING ELECTRONICALLY FILED OR MANUALLY SUBMITTED COST REPORT AND THE BALANCE SHEET AND STATEMENT OF REVENUE AND EXPENSES PREPARED BY (PROVIDER NAME(S) AND NUMBER(S)) FOR THE COST REPORTING PERIOD BEGINNING 07/01/2007 AND ENDING 06/30/2008, AND THAT TO THE BEST OF MY KNOWLEDGE AND BELIEF, IT IS A TRUE, CORRECT AND COMPLETE STATEMENT PREPARED FROM THE BOOKS AND RECORDS OF THE PROVIDER IN ACCORDANCE WITH APPLICABLE INSTRUCTIONS, EXCEPT AS NOTED. I FURTHER CERTIFY THAT I AM FAMILIAR WITH THE LAWS AND REGULATIONS REGARDING THE PROVISION OF HEALTH CARE SERVICES AND THAT THE SERVICES IDENTIFIED IN THIS COST REPORT WERE PROVIDED IN COMPLIANCE WITH SUCH LAWS AND REGULATIONS.

(SIGNED)						
	OFFICER	OR	ADMINISTRATOR	OF	PROVIDER(S)	
	TITLE					

PART II - SETTLEMENT SUMMARY

DATE

		TITLE V	TITLE	XVIII	TITLE XIX	
			PART A	PART B		
		1	2	3	4	
1	HOSPITAL		888796	417277		1
2	SUBPROVIDER I		63604			2
3	SWING BED - SNF					3
4	SWING BED - NF					4
5	SKILLED NURSING FACILITY					5
6	NURSING FACILITY					6
7	HOME HEALTH AGENCY					7
8	OUTPATIENT REHABILITATION PROVIDER					8
9	HEALTH CLINIC					9
100	TOTAL		952400	417277		100

THE ABOVE AMOUNTS REPRESENT 'DUE TO' OR 'DUE FROM' THE APPLICABLE PROGRAM FOR THE ELEMENT OF THE ABOVE COMPLEX INDICATED.

ACCORDING TO THE PAPERWORK REDUCTION ACT OF 1995, NO PERSONS ARE REQUIRED TO RESPOND TO A COLLECTION OF INFORMATION UNLESS IT DISPLAYS A VALID OMD CONTROL NUMBER. THE VALID OMB CONTROL NUMBER FOR THIS INFORMATION COLLECTION IS 0938-0050. THE TIME REQUIRED TO COMPLETE THIS INFORMATION COLLECTION IS STIMATED 657 HOURS PER RESPONSE, INCLUDING THE TIME TO REVIEW INSTRUCTIONS, SEARCH EXISTING RESOURCES, GATHER THE DATA NEEDED, AND COMPLETE AND REVIEW THE INFORMATION COLLECTION. IF YOU HAVE ANY COMMENTS CONCERNING THE ACCURACY OF THE TIME ESTIMATE(S) OR SUGGESTIONS FOR IMPROVING THIS FORM, PLEASE WRITE TO: HEALTH CARE FINANCING ADMINISTRATION, 7500 SECURITY BOULLEVARD, N2-14-26, BALTIMORE, MARYLAND 21244-1850, AND TO THE OFFICE OF THE INFORMATION AND REGULATORY AFFAIRS, OFFICE OF MANAGEMENT AND BUDGET, WASHINGTON, D.C. 20503.

WORKSHEET S-2

HOSPITAL AND HEALTH CARE COMPLEX IDENTIFICATION DATA

HOSPITAL	ΔNID	HOSDITAI.	HEALTH	CARE	COMPLEX	ADDRESS:

OSPITAL AND HOSPITAL HEALTH CARE COMPLEA ADDRESS:

1 STREET: 2800 WEST 95TH STREET P.O.BOX:
1.01 CITY: EVERGREEN PARK STATE: IL ZIP CODE: 60642 COUNTY: COOK 1 1.01

HOSPIT	AL AND HOSPITAL-BASED COMPONENT IDENTIF	FICATION	:								T SYSTE	
	COMPONENT 0		ENT NAME 1			PROVIDER NUMBER 2	CE	DATE RTIFIED 3		XVI	O OR N) II XIX 6	
2	HOSPITAL	LITTLE	COMPANY	OF MARY	PSYCH	14-0179		/01/196				2
3 4	SUBPROVIDER I SWING BEDS - SNF	PILLIPE	COMPANY	OF MARY	PSYCH	14-51/9	07	/01/198	4 N	1	' N	3 4
5	SWING BEDS - NF											5
6 7	HOSPITAL-BASED SNF HOSPITAL-BASED NF											6 7
8	HOSPITAL-BASED OLTC											8
9 11	HOSPITAL-BASED HHA SEPARATELY CERTIFIED ASC	LITTLE	COMPANY	OF MARY	H.C.	14-7404	01	/11/198	5 N	I P	N	9 11
12	HOSPITAL-BASED HOSPICE	LITTLE	COMPANY	OF MARY	HOSPICE	14-1511	12	/30/198	6			12
14 15	HOSP-BASED RHC OUTPATIENT REHABILITATION PROVID											14 15
16	RENAL DIALYSIS											16
17	COST REPORTING PERIOD (MM/DD/YYYY)					FROM:	07/01/2	007 T	o: 06/3	0/200	8	17
18	TYPE OF CONTROL							1				18
	F HOSPITAL/SUBPROVIDER											
19 20	HOSPITAL SUBPROVIDER I							1 4				19 20
OMITED												
21	INFORMATION INDICATE IF YOUR HOSPITAL IS EITHER (1 COST REPORTING PERIOD IN COLUMN 1. IF	YOUR HOS	SPITAL IS	GEOGRA	PHICALLY CLA	ASSIFIED						21
	OR LOCATED IN A RURAL AREA, IS YOUR BE LESS THAN OR EQUAL TO 100 BEDS, ENTER											
21.01	DOES YOUR FACILITY QUALIFY AND IS CURE DISPROPORTIONATE SHARE IN ACCORDANCE W				FOR			YES				21.01
21.02	HAS YOUR FACILITY RECEIVED GEOGRAPHIC	RECLASS	IFICATION	? ENTER		3						21.02
21.03	AND 'N' FOR NO. IF YES, REPORT IN COLUENTER IN COLUMN 1 YOUR GEOGRAPHIC LOCA	ATION EI	THER (1)	URBAN (2) RURAL. IF		RED	1 N			N	21.03
	URBAN IN COLUMN 1 INDICATE IF YOU RECE RECLASSIFICATION TO A RURAL LOCATION,	ENTER II	N COLUMN	2 'Y' A	ND 'N' FOR N	NO. IF COLU						
	IS YES, ENTER IN COLUMN 3 THE EFFECTIVE FACILITY CONTAIN 100 OR FEWER BEDS IN											
21 04	'Y' FOR YES AND 'N' FOR NO. ENTER IN C FOR STANDARD GEOGRAPHIC RECLASSIFICATI						TNNTNG	1				21.04
	OF THE COST REPORTING PERIOD. ENTER (1	L) URBAN	AND (2)	RURAL.								
	FOR STANDARD GEOGRAPHIC RECLASSIFICATI COST REPORTING PERIOD. ENTER (1) URBAN	N AND (2) RURAL.					1				21.05
21.06	DOES THIS HOSPITAL QUALIFY FOR THE THE SMALL RURAL HOSPITAL UNDER THE PROSPEC							NO				21.06
22	UNDER DRA SECTION 5105? ENTER 'Y' FOR ARE YOU CLASSIFIED AS A REFERRAL CENTE		'N' FOR	NO.				NO				22
23	DOES THIS FACILITY OPERATE A TRANSPLAN		R? IF YES	, ENTER	CERTIFICATI	ON DATE(S)	BELOW	NO				23
23.01	IF THIS IS A MEDICARE CERTIFIED KIDNEY IN COL. 2 AND TERMINATION IN COl. 3.	TRANSP	LANT CENT	ER, ENT	ER THE CERTI	FICATION DA	ATE					23.01
23.02	IF THIS IS A MEDICARE CERTIFIED HEART	TRANSPL	ANT CENTE	R, ENTE	R THE CERTIF	FICATION DAT	ΓE					23.02
23.03	IN COL. 2 AND TERMINATION IN COL. 3. IF THIS IS A MEDICARE CERTIFIED LIVER	TRANSPLA	ANT CENTE	R. ENTE	R THE CERTIE	TCATION DAT	TE					23.03
	IN COL. 2 AND TERMINATION IN COL. 3.											
	IF THIS IS A MEDICARE CERTIFIED LUNG TIN COL. 2 AND TERMINATION IN COL. 3.											23.04
23.05	IF MEDICARE PANCREAS TRANSPLANTS ARE FAND TERMINATION DATE.	PERFORME	D SEE INS	TRUCTIO	NS FOR ENTER	RING CERTIF	ICATION					23.05
23.06	IF THIS IS A MEDICARE CERTIFIED INTEST DATE IN COL. 2 AND TERMINATION IN COL.		ANSPLANT	CENTER,	ENTER THE C	CERTIFICATIO	NC					23.06
23.07	IF THIS IS A MEDICARE CERTIFIED ISLET		ANT CENTE	R ENTER	THE CERTIFI	CATION DAT	E					23.07
24	IN COL. 2 AND TERMINATION IN COL. 3. IF THIS AN ORGAN PROCUREMENT ORGANIZAT	TION (OP	O), ENTER	THE OP	O NUMBER IN	COL 2.						24
24.01	AND TERMINATION IN COL. 3. IF THIS A MEDICARE TRANSPLANT CENTER;	ENTER TI	HE CCN (P	ROVIDER	NUMBER) IN	COL 2, THE						24.01
25	CERTIFICATION DATE OR RECERTIFICATION IS THIS A TEACHING HOSPITAL OR AFFILIA						NG	YES				25
	PAYMENTS FOR I & R?						.,,					
	IS THIS TEACHING PROGRAM APPROVED IN A IF LINE 25.01 IS YES, WAS MEDICARE PAR						US	YES YES				25.01 25.02
	IN EFFECT DURING THE FIRST MONTH OF THE WORKSHEET E-3, PART IV. IF NO, COMPLET					MPLETE						
25.03	AS A TEACHING HOSPITAL, DID YOU ELECT	COST RE	IMBURSEME	NT FOR	PHYSICIANS'	SERVICES AS	S	NO				25.03
25.04	DEFINED IN CMS PUB. 15-I, SECTION 2148 ARE YOU CLAIMING COSTS ON LINE 70 OF W					HEET D-2		NO				25.04
	HAS YOUR FACILITY DIRECT GME FTE CAP (42 CFR 413.79(c)(3) OR 42 CFR 412.105(COLUMN :	1) OR IME	CAP (C	OLUMN 2) BEE	EN REDUCED U		NO		NO		25.05
25.06	THE APPLICABLE COLUMNS. (SEE INSTRUCTI HAS YOUR FACILITY RECEIVED ADDITIONAL	DIRECT (NO		NO		25.06
	RESIDENT CAP SLOTS UNDER 42 CFR 413.79 YES AND 'N' FOR NO IN THE APPLICABLE OF					(C)? ENTER	'Y' FOR					

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WORKSHEET S-2

HOSPITAL AND HEALTH CARE COMPLEX IDENTIFICATION DATA

1001-1-10 110 1101-110 0110 0011 11011-101-1011				ONTINUED)
OFFICE AND				
OTHER INFORMATION 26 IF THIS A SOLE COMMUNITY HOSPITAL (SCH), ENTER THE NUMBER OF PERIODS SCH STATUS IN EFFECT. ENTER BEGINNING AND ENDING DATES OF SCH STATUS ON LINE 26.01. SUBSCRIPT LINE 26.01 FOR NUMBER OF PERIODS IN EXCESS OF ONE AND ENTER SUBSCOUENT DATES.				26
26.01 ENTER THE APPLICABLE SCH DATES: 26.03 IF THIS A SOLE COMMUNITY HOSPITAL (SCH) FOR ANY PART OF THE COST REPORTING PERIOD, ENTER THE NUMBER OF PERIODS WITHIN THIS COST REPORTING PERIOD THAT SCH STATUS WAS IN EFFECT AND THE SCH WAS EITHER PHYSICALLY LOCATED OR CLASSIFIED IN A RURAL AREA.				26.01 26.03
26.04 IF LINE 26.03 COLUMN 1 IS GREATER THAN ONE ENTER THE EFFECTIVE DATES (SEE INSTRUCTIONS): BEGINNING: ENDING: BEGINNING: ENDING:				26.04
27 DOES THIS HOSPITAL HAVE AN AGREEMENT UNDER EITHER SECTION 1883 OR SECTION 1913 FOR SWING BEDS? IF YES, ENTER THE AGREEMENT DATE (mm/dd/yyyy) IN COLUMN 2. 28 IF THIS FACILITY CONTAINS A HOSPITAL-BASED SNF, ARE ALL PATIENTS UNDER MANAGED CARE	NO			27 28
28 IF THIS FACILITY CONTAINS A HOSPITAL-BASED SNF, ARE ALL PATIENTS UNDER MANAGED CARE OR THERE WAS NO MEDICARE UTILIZATION ENTER 'Y', IF 'N' COMPLETE LINES 28.01 AND 28.02. 28.01 IF HOSPITAL BASED SNF ENTER APPROPRIATE TRANSITION PERIOD 1, 2, 3, OR 100 IN COL 1, ENTER				28.01
IN COLS 2 AND 3 THE WAGE INDEX ADJUSTMENT FACTOR BEFORE AND ON OR AFTER OCTOBER 1st 28.02 ENTER IN COL 1 THE HOSPITAL BASED SNF FACILITY SPECIFIC RATE (FROM YOUR F.I.)				28.02
If YOU HAVE NOT TRANSITIONED TO 100% PPS SNF PAYMENT. IN COL 2 ENTER THE FACILITY CLASSIFICATION URBAN(1) OR RURAL(2). IN COL 3, ENTER THE SNF MSA CODE OR TWO CHARACTER CODE IF A RURAL BASED FACILITY. IN COL 4, ENTER THE SNF CBSA CODE OR TWO CHARACTER CODE IF RURAL BASED FACILITY.				
A NOTICE PUBLISHED IN THE 'FEDERAL REGISTER' VOL. 68, NO. 149 AUGUST 4, 2003 PROVIDED FOR AN INCREASE IN THE RUG PAYMENTS BEGINNING 10/01/2003. CONGRESS EXPECTED THIS INCREASE TO BE USED FOR DIRECT PATIENT CARE AND RELATED EXPENSES. ENTER IN COLUMN 1 THE PERCENTAGE OF TOTAL EXPENSES FOR EACH CATEGORY TO TOTAL SNF REVENUE FROM WORKSHEET G-2, PART I, LINE 6, COLUMN 3. INDICATE IN COLUMN 2 'Y' FOR YES OR 'N' FOR NO				
IF THE SPENDING REFLECTS INCREASES ASSOCIATED WITH DIRECT PATIENT CARE AND RELATED EXPENSES FOR EACH CATEGORY. (SEE INSTRUCTIONS)				
	0.00		N	28.03
	0.00		N	28.04
	0.00		N N	28.05
28.06 TRAINING 28.07 OTHER (SPECIFY)	0.00		N	28.06 28.07
29 IS THIS A RURAL HOSPITAL WITH A CERTIFIED SNF WHICH HAS FEWER THAN 50 BEDS IN THE AGGREGATE FOR BOTH COMPONENTS, USING THE SWING BED OPTIONAL METHOD OF REIMBURSEMENT?	NO			29
30 DOES THIS HOSPITAL QUALIFY AS A RURAL PRIMARY CARE HOSPITAL (RPCH)/CRITICAL ACCESS HOSPITAL (CAH)? SEE 42 CFR 485.606ff.	NO			30
30.01 IF SO, IS THIS THE INITIAL 12 MONTH PERIOD FOR THE FACILITY OPERATED AS A RPCH/CAH? SEE 42 CFR 413.70.				30.01
30.02 IF THIS FACILITY QUALIFIES AS AN RPCH/CAH, HAS IT ELECTED THE ALL-INCLUSIVE METHOD OF PAYMENT FOR OUTPATIENT SERVICES?				30.02
30.03 IF THIS FACILITY QUALIFIES AS A CAH, IS IT ELIGIBLE FOR COST REIMBURSEMENT FOR AMBULANCE SERVICES? IF YES, ENTER IN COLUMN 2 THE DATE OF ELIGIBILITY DETERMINATION (DATE MUST BE ON OR AFTER 12/21/2000)				30.03
30.04 IF THIS FACILITY QUALIFIES AS A CAH, IS IT ELIGIBLE FOR COST REIMBURSEMENT FOR I&R TRAINING PROGRAMS? ENTER 'Y' FOR YES AND 'N' FOR NO. IF YES, THE GME ELIMINATION WOULD NOT BE ON WORKSHEET B, PART I, COLUMN 26 AND THE PROGRAM WOULD BE COST REIMBURSED. IF YES COMPLETE WORKSHEET D-2, PART II.				30.04
31 IS THIS A RURAL HOSPITAL QUALIFYING FOR AN EXCEPTION TO THE CRNA FEE SCHEDULE? SEE 42 CFR 412.113(c).	NO			31
31.01 IS THIS A RURAL HOSPITAL SUBPROVIDER QUALIFYING FOR AN EXCEPTION TO THE CRNA FEE SCHEDULE? SEE 42 CFR 412.113(c).	NO			31.01
MISCELLANEOUS COST REPORTING INFORMATION 32 IS THIS AN ALL-INCLUSIVE RATE PROVIDER? IF YES, ENTER THE METHOD USED (A, B, OR E ONLY) IN COLUMN 2.	NO			32
IN COLUMN 2. 33 IS THIS A NEW HOSPITAL UNDER 42 CFR 412.300 PPS CAPITAL? ENTER 'Y' FOR YES AND 'N' FOR NO IN COLUMN 1. IF YES, FOR COST REPORTING PERIODS BEGINNING ON OR AFTER OCTOBER 1, 2002, DO YOU ELECT TO BE REIMBURSED AT 100% FEDERAL CAPITAL PAYMENT. ENTER 'Y' FOR YES AND 'N' FOR NO IN COLUMN 2.	NO			33
34 IS THIS A NEW HOSPITAL UNDER 42 CFR 413.40(f)(1)(i) TEFRA? 35 HAVE YOU ESTABLISHED A NEW SUBPROVIDER I (EXLUDED UNIT) UNDER 42 CFR 413.40(f)(1)(i)?	NO NO			34 35
	V	XVIII	XIX	
PROSPECTIVE PAYMENT SYSTEM (PPS) - CAPITAL	1	2	3	3.0
36 DO YOU ELECT FULLY PROSPECTIVE PAYMENT METHODOLOGY FOR CAPITAL COSTS? 36.01 DOES YOUR FACILITY QUALIFY AND RECEIVE PAYMENT FOR DISPROPORTIONATE SHARE IN ACCORDANCE WITH 42CFR412.320?	NO NO	YES YES	NO NO	36 36.01
37 DO YOU ELECT HOLD HARMLESS PAYMENT METHODOLOGY FOR CAPITAL COSTS? 37.01 IF YOU ARE A HOLD HARMLESS PROVIDER, ARE YOU FILING ON THE BASIS OF 100% OF FEDERAL RATE?	NO NO	NO NO	NO NO	37 37.01

HOSPITAL AND HEALTH CARE COMPLEX IDENTIFICATION DATA

WORKSHEET S-2 (CONTINUED)

				(,
TITLE	XIX INPATIENT HOSPITAL SERVICES			
38	DO YOU HAVE TITLE XIX INPATIENT HOSPITAL SERVICES?	YES		38
38.01	IS THIS HOSPITAL REIMBURSED FOR TITLE XIX THROUGH THE COST REPORT EITHER IN FULL OR IN	PART? NO		38.01
38.02	DOES THE TITLE XIX PROGRAM REDUCE CAPITAL FOLLOWING THE MEDICARE METHODOLOGY?	NO		38.02
38.03	ARE TITLE XIX NF PATIENTS OCCUPYING TITLE XVIII SNF BEDS (DUAL CERTIFICATION)?	NO		38.03
38.04	DO YOU OPERATE AN ICF/MR FACILITY FOR PURPOSES OF TITLE XIX?	NO		38.04
40	ARE THERE ANY RELATED ORGANIZATION OR HOME OFFICE COSTS AS DEFINED IN CMS PUB. 15-I,	YES		40
	CHAPTER 10? IF YES, AND THERE ARE HOME OFFICE COSTS, ENTER IN COLUMN 2 THE HOME OFFICE			
	PROVIDER NUMBER. (SEE INSTRUCTIONS) IF THIS FACILITY IS PART OF A CHAIN ORGANIZATION.			
	ENTER THE NAME AND ADDRESS OF THE HOME OFFICE.			
40.01	NAME: FI/CONTRACTOR'S NAME:	FI/CONTRACTO	OR'S NUMBER:	40.01
40.02	STREET:	P.O.BOX:		40.02
40.03	CITY:	STATE: 2	ZIP CODE:	40.03
41	ARE PROVIDER BASED PHYSICIANS' COSTS INCLUDED IN WORKSHEET A?	YES		41
42	ARE PHYSICAL THERAPY SERVICES PROVIDED BY OUTSIDE SUPPLIERS?	YES		42
42.01	ARE OCCUPATIONAL THERAPY SERVICES PROVIDED BY OUTSIDE SUPPLIERS?	YES		42.01
42.02	ARE SPEECH PATHOLOGY SERVICES PROVIDED BY OUTSIDE SUPPLIERS?	YES		42.02
43	ARE RESPIRATORY THERAPY SERVICES PROVIDED BY OUTSIDE PROVIDERS?	NO		43
44	IF YOU ARE CLAIMING COST FOR RENAL SERVICES ON WORKSHEET A, ARE THEY INPAT SERVICES ON	LY? YES		44
45	HAVE YOU CHANGED YOUR COST ALLOCATION METHODOLOGY FROM THE PREVIOUSLY FILE COST REPORT	? NO		45
	SEE CMS PUB. 15-II, SECTION 3617. IF YES, ENTER THE APPROVAL DATE (mm/dd/yyyy) IN COLU	MN 2.		
45.01	WAS THERE A CHANGE IN THE STATISTICAL BASIS?			45.01
45.02	WAS THERE A CHANGE IN THE ORDER OF ALLOCATION?			45.02
45.03	WAS THERE A CHANGE TO THE SIMPLIFIED COST FINDING METHOD?			45.03
46	IF YOU ARE PARTICIPATING IN THE NHCMO DEMONSTRATION PROJECT (MUST HAVE A HOSPITAL-BASE	D SNF)		46
	DURING THIS COST REPORTING PERIOD, ENTER THE PHASE.	•		

IF THIS FACILITY CONTAINS A PROVIDER THAT QUALIFIES FOR AN EXEMPTION FROM THE APPLICATION OF THE LOWER OF COST OR CHARGES, ENTER A 'Y' FOR EACH COMPONENT AND TYPE OF SERVICE THAT QUALIFIES FOR THE EXEMPTION; ENTER 'N' IF NOT EXEMPT (SEE 42 CFR 413.13).

		PART A	PART B	OUTPATIENT ASC	OUTPATIEN RADIOLOGY		OUTPATIEN DIAGNOSTI			
		1	2	3	4		5	_		
47	HOSPITAL	N	N	N	N		N			47
48	SUBPROVIDER I	N	N	N	N		N			48
49	SKILLED NURSING FACILITY	N	N	=-	=-					49
50	HOME HEALTH AGENCY	N	N							50
52	DOES THIS HOSPITAL CLAIM EXPENDITURES FOR 42 CFR 412.348(e)?	R EXTRAORDINA	ARY CIRCUMSTAN	CES IN ACCORDAN	NCE WITH	NO				52
	IF YOU ARE A FULLY PROSPECTIVE OR HOLD HE EXCEPTION PAYMENT PURSUANT TO 42 CFR 412	.348(g)? IF	YES, COMPLETE	L, PART IV.		NO				52.01
53	IF THIS IS A MEDICARE DEPENDENT HOSPITAL EFFECT. ENTER BEGINNING AND ENDING DATES 53.01 FOR NUMBER OF PERIODS IN EXCESS OF	OF MDH STATI	US ON LINE 53.	01. SUBSCRIPT I						53
	MDH PERIOD:		BEGINNING:	DATES.	ENDING:					53.01
54	LIST AMOUNTS OF MALPRACTICE PREMIUMS AND									54
54.01	PREMIUMS: 400052 PAID LOSSES: ARE MALPRACTICE PREMIUMS AND PAID LOSSES GENERAL COST CENTER? IF YES, SUBMIT SUPPO	REPORTED IN	OTHER THAN TH		E AND	NO				54.01
55	CONTAINED THEREIN. DOES YOUR FACILITY QUALIFY FOR ADDITIONAL		E PAYMENT IN A	CCORDANCE WITH		NO				55
	42 CFR 412.107. ENTER 'Y' FOR YES AND 'N	' FOR NO.			D3.000	/		77 /27		
					DATE 0	Y/N 1	LIMIT 2	Y/N 3	FEES 4	
56	ARE YOU CLAIMING AMBULANCE COSTS? IF YES	ENTED IN C	าเ. ว ซนะ องงพะ	NT T.TMTT	/ /	NO	0.00		4	56
50	PROVIDED FROM YOUR FISCAL INTERMEDIARY.	,			, ,	110	0.00	140		30
	NO ENTRY IS REQUIRED IN COL 2. IF COL 1									
	WHETHER THIS IS YOUR FIRST YEAR OF OPERA									
	ENTER IN COL 4, IF APPLICABLE, THE FEE SO									
	BEGINNING ON OR AFTER 4/1/2002.									
57	ARE YOU CLAIMING NURSING AND ALLIED HEALT	TH COSTS?				NO				57
58	ARE YOU AN INPATIENT REHABILITATION FACIL	LITY (IRF),	OR DO YOU CONT	AIN AN IRF SUBI	PROVIDER?	NO				58
	ENTER IN COLUMN 1 'Y' FOR YES AND 'N' FOR	R NO. IF YES	HAVE YOU MADE	THE ELECTION E	OR 100%					
	PPS REIMBURSEMENT? ENTER IN COLUMN 2 'Y'									
	AVAILABLE FOR COST REPORTING PERIODS BEG		, ,		, ,					
58.01	IF LINE 58 COLUMN 1 IS Y, DOES THE FACIL									58.01
	COST REPORTING PERIOD ENDING ON OR BEFORE									
	OR 'N' FOR NO. IS THE FACILITY TRAINING H									
	WITH FR VOL 70, NO 156 DATED AUGUST 15, 2 'N' FOR NO. IF COLUMN 2 IS Y, ENTER 1, 2									
	IF THE CURRENT COST REPORTING PERIOD COVI									
	OR IF THE SUBSEQUENT ACADEMIC YEARS OF THE									
	(SEE INSTRUCTIONS)	NUN IDACII.	IIIO INOONIN'I IN	LILLUIDINGE, EN						
59	ARE YOU A LONG TERM CARE HOSPITAL (LTCH)	, OR DO YOU	CONTAIN A LTCH	SUBPROVIDER?		NO				59
	ENTER IN COLUMN 1 'Y' FOR YES AND 'N' FOR				OR 100%					
	PPS REIMBURSEMENT? ENTER IN COLUMN 2 'Y'									

PROVIDER NO. 14-0179 LITTLE COMPANY OF MARY PERIOD FROM 07/01/2007 TO 06/30/2008

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KPMG LLP COMPU-MAX MICRO SYSTEM
IN LIEU OF FORM CMS-2552-96 (05/2007)

NO

VERSION: 2008.05 11/30/2008 12:00

HOSPITAL AND HEALTH CARE COMPLEX IDENTIFICATION DATA

WORKSHEET S-2 (CONTINUED)

61

60	ARE YOU AN INPATIENT PSYCHIATRIC FACILITY (IPF), OR DO YOU CONTAIN AN IPF SUBPROVIDER?	YES	NO	60
	ENTER IN COLUMN 1 'Y' FOR YES AND 'N' FOR NO. IF YES, IS THE IPF OR IPF SUBPROVIDER A			
	NEW FACILITY? ENTER IN COLUMN 2 'Y' FOR YES AND 'N' FOR NO. (SEE INSTRUCTIONS)			
60.01	IF LINE 60 COLUMN 1 IS Y, DOES THE FACILITY HAVE A TEACHING PROGRAM IN THE MOST RECENT	NO		60.01
	COST REPORTING PERIOD ENDING ON OR BEFORE NOVEMBER 15, 2004? ENTER 'Y' FOR YES OR 'N'			
	FOR NO. IS THE FACILITY TRAINING RESIDENTS IN A NEW TEACHING PROGRAM IN ACCORDANCE WITH			
	42 CFR SEC. 412.424(d)(1)(iii)(2)? ENTER IN COLUMN 2 'Y' FOR YES OR 'N' FOR NO. IF COLUMN 2			
	IS Y, ENTER 1, 2, OR 3 RESPECTIVELY IN COLUMN 3 (SEE INSTRUCTIONS). IF THE CURRENT COST			

REPORTING PERIOD COVERS THE BEGINNING OF THE FOURTH ENTER 4 IN COLUMN 3, OR IF THE SUBSEQUENT ACADEMIC YEARS OF THE NEW TEACHING PROGRAM IN EXISTENCE, ENTER 5 (SEE INSTR.) MULTICAMPUS

DOES THE HOSPITAL HAVE A MULTICAMPUS? ENTER 'Y' FOR YES AND 'N' FOR NO.

IF LINE 61 IS YES, ENTER THE NAME IN COL. 0, COUNTY IN COL. 1, STATE IN COL. 2,

ZIP IN COL. 3, CBSA IN COL. 4 AND FTE/CAMPUS IN COL. 5.

IP IN COL. 3, CBSA IN COL. 4 AND FTE/CAMPUS IN COL. 5.

COUNTY:
STATE: ZIP CODE CBSA CAMPUS
1 2 3 4 5

HOSPITAL AND HEALTH CARE COMPLEX STATISTICAL DATA

WORKSHEET S-3 PART I

				CAH		I/P DAYS	/ O/P VISITS	/ TRIPS-	OBS.
	COMPONENT	NO. OF BEDS	BED DAYS AVAILABLE	PATIENT HOURS	TITLE V	TITLE XVIII	NONCOVERED DAYS	TITLE XIX	BEDS ADMITTED
	COMPONENT	1	2	2.01	3	4	4.01	5	5.01
1	HOSPITAL ADULTS & PEDS, EXCL SWING BED, OBSERV & HOSPICE DAYS	228	83448			30735		6700	1
2	HMO					992		1565	2
3	HOSPITAL ADULTS & PEDS - SWING BED SNF								3
4	HOSPITAL ADULTS & PEDS - SWING BED NF								4
5	TOTAL ADULTS & PEDS EXCL OBSERVATION BEDS	228	83448			30735		6700	5
6	INTENSIVE CARE UNIT	26	9516			4366		746	6
7	CORONARY CARE UNIT								7
8	BURN INTENSIVE CARE UNIT								8
9	SURGICAL INTENSIVE CARE UNIT								9
9.10) NICU	12	4392					1090	9.10
10	OTHER SPECIAL CARE (SPECIFY)								10
11	NURSERY							1193	11
12	TOTAL HOSPITAL	266	97356			35101		9729	12
13	RPCH VISITS								13
14	SUBPROVIDER I	24	8784			1957			14
15	SKILLED NURSING FACILITY								15
16	NURSING FACILITY								16
17	OTHER LONG TERM CARE					20918			17 18
18	HOME HEALTH AGENCY ASC (DISTINCT PART)					20918			20
20 21	HOSPICE (DISTINCT PART)								21
23	O/P REHAB PROVIDER								23
24	RHC I								24
25	TOTAL	290							25
26	OBSERVATION BED DAYS	200						234	96 26
27	AMBULANCE TRIPS							251	27
28	EMPLOYEE DISCOUNT DAYS								28

KPMG LLP COMPU-MAX MICRO SYSTEM IN LIEU OF FORM CMS-2552-96 (9/2000) VERSION: 2008.05 11/30/2008 12:00

HOSPITAL AND HEALTH CARE COMPLEX STATISTICAL DATA

WORKSHEET S-3
PART I
(CONTINUED)

	COMPONENT	OBS. BEDS NOT	DAYS / O/P TOTAL ALL PATIENTS 6	OBS. BEDS ADMITTED	OBS. BEDS NOT ADMITTED		LESS I&R REPL NON- PHYS ANES	NET	FULL TIME EMPLOYEES ON PAYROLL 10	NONPAID
1	HOSPITAL ADULTS & PEDS, EXCL.		52825							1
2	SWING BED, OBSERV & HOSPICE DA HMO XIX	YS								2
3	HOSPITAL ADULTS & PEDS -									3
	SWING BED SNF									
4	HOSPITAL ADULTS & PEDS - SWING BED NF									4
5	TOTAL ADULTS & PEDS		52825							5
6	EXCL OBSERVATION BEDS INTENSIVE CARE UNIT		7551							6
7	CORONARY CARE UNIT		7551							7
8	BURN INTENSIVE CARE UNIT									8
9	SURGICAL INTENSIVE CARE UNIT									9
9.10	NICU		1420							9.10
10	OTHER SPECIAL CARE (SPECIFY)									10
11	NURSERY		2231							11
12	TOTAL HOSPITAL		64027			3.56		3.56	1331.97	12
13	RPCH VISITS									13
14	SUBPROVIDER I		4345						20.65	14
15	SKILLED NURSING FACILITY									15
16	NURSING FACILITY									16 17
17 18	OTHER LONG TERM CARE HOME HEALTH AGENCY		27349						34.78	18
20	ASC (DISTINCT PART)		2/349						34.70	20
21	HOSPICE (DISTINCT PART)								14.68	21
23	O/P REHAB PROVIDER								14.00	23
24	RHC I									24
25	TOTAL					3.56		3.56	1402.08	25
26	OBSERVATION BED DAYS	138	1304	535	769					26
27	AMBULANCE TRIPS									27
28	EMPLOYEE DISCOUNT DAYS		367							28

HOSPITAL AND HEALTH CARE COMPLEX STATISTICAL DATA

WORKSHEET S-3
PART I
(CONTINUED)

			P.T.0	au a Danc		(CONTINUI
	COMPONENT	TITLE V	TITLE XVIII	TITLE XIX	TOTAL ALL PATIENTS	
		12	13	14	15	
1	HOSPITAL ADULTS & PEDS, EXCL.		6815	2286	15127	:
2	SWING BED, OBSERV & HOSPICE DAYS					
2	HMO XIX HOSPITAL ADULTS & PEDS -					
3	SWING BED SNF					•
4	HOSPITAL ADULTS & PEDS -					
-	SWING BED NF					
5	TOTAL ADULTS & PEDS					·
	EXCL OBSERVATION BEDS					
6	INTENSIVE CARE UNIT					(
7	CORONARY CARE UNIT					•
8	BURN INTENSIVE CARE UNIT					8
9	SURGICAL INTENSIVE CARE UNIT					9
	NICU					9
10	OTHER SPECIAL CARE (SPECIFY)					10
11	NURSERY					1:
12	TOTAL HOSPITAL		6815	2286	15127	1:
13	RPCH VISITS		0.40			1:
14	SUBPROVIDER I		248		772	14
15	SKILLED NURSING FACILITY					19
16 17	NURSING FACILITY OTHER LONG TERM CARE					10
18	HOME HEALTH AGENCY					18
20	ASC (DISTINCT PART)					20
21	HOSPICE (DISTINCT PART)					23
23	O/P REHAB PROVIDER					2
24	RHC I					24
25	TOTAL					25
26	OBSERVATION BED DAYS					26
27	AMBULANCE TRIPS					2
28	EMPLOYEE DISCOUNT DAYS					28
-						- :

PROVIDER NO. 14-0179 LITTLE COMPANY OF MARY PERIOD FROM 07/01/2007 TO 06/30/2008

KPMG LLP COMPU-MAX MICRO SYSTEM VERSION: 2008.05
IN LIEU OF FORM CMS-2552-96 (9/2000) 11/30/2008 12:00

RECLASS. ADJUSTED PAID HOURS AVERAGE WORKSHEET S-3

	HOSPITAL WAGE INDEX INFORMATION		RECLASS.	ADJUSTED	PAID HOURS	AVERAGE		WORKSHEET S-3
PART	II - WAGE DATA	AMOUNT REPORTED	FROM WKST.	(COL.1 + COL.2)	RELATED TO SALARY IN COL.3	(COL.3 / COL.4)	DATA SOURCE	PART II
1	DIEMITED	_	2	5				1
	TOTAL SALARIES NON-PHYSICIAN ANESTHETIST PART A	/8231135	-631411	//599/24	29495//.00	26.31		2
3	NON-PHYSICIAN ANESTHETIST PART B							3
	PHYSICIAN - PART A							4
	TEACHING PHYSICIAN SALARIES							4.01 5
5 5.01	PHYSICIAN - PART B NON-PHYSICIAN - PART B							5.01
6	INTERNS & RESIDENTS (IN APPR PGM)							6
	CONTRACT SERVICES, I&R	202949		202949	6427.00	31.58		6.01
0	HOME OFFICE PERSONNEL SNF							7 8
8.01	EXCLUDED AREA SALARIES	5042767	-59072	4983695	171479.00	29.06		8.01
_	EXCLUDED AREA SALARIES OTHER WAGES & RELATED COSTS CONTRACT LABOR							_
9 9 N1	CONTRACT LABOR PHARMACY SERVICES UNDER CONTRACT	1961816		1961816	30889.00	63.51		9 9.01
	LABORATORY SERVICES UNDER CONTRACT							9.02
	MANAGEMENT AND ADMINISTRATIVE SERVICES'	04.544.0		04.7440	4550.00			9.03
10	CONTRACT LABOR: PHYSICIAN PART A TEACHING PHYSICIAN UNDER CONTRACT	31/113		31/113	4663.00	68.01		10 10.01
	HOME OFFICE SALARIES & WAGE REL COSTS							11
12								12
12.01	TEACHING PHYSICIAN SALARIES WAGE-RELATED COSTS							12.01
13	WAGE RELATED COSTS (CORE)	12686887		12686887			CMS 339	13
14	WAGE RELATED COSTS (CORE) WAGE RELATED COSTS (OTHER) EXCLIDED AREAS	000011		000011			CMS 339	14
	EXCLUDED AREAS NON-PHYSICIAN ANESTHETIST PART A	870711		870711			CMS 339	15 16
17	NON-PHYSICIAN ANESTHETIST PART B						CMS 339	17
18	PHYSICIAN PART A						CMS 339	18
	PART A TEACHING PHYSICIANS PHYSICIAN PART B						CMS 339 CMS 339	18.01 19
	WAGE RELATED COSTS (RHC/FQHC)							19.01
20	INTERNS & RESIDENTS (IN APPR PGM)						CMS 339	20
21	OVERHEAD COSTS - DIRECT SALARIES EMPLOYEE BENEFITS ADMINISTRATIVE & GENERAL ADMINISTRATIVE & GENERAL UNDER CONTACT	870843		870843	29550 00	29 47		21
22	ADMINISTRATIVE & GENERAL	11669564	-869415	10800149	439806.00	29.47 24.56 173.89		22
22.01	ADMINISTRATIVE & GENERAL UNDER CONTACT	171802		171802	988.00	173.89		22.01 23
23	OPERATION OF PLANT	2779344		2779344	132493.00	20.98		23
25	LAUNDRY & LINEN SERVICE	179055		179055	12859.00	13.92		25
26	HOUSEKEEPING	1478767		1478767	117627.00	12.57 26.89		26 26.01
27	DIETARY	1588541	-794187	794354	50881.00	15.61		27
27.01	ADMINISTRATIVE & GENERAL UNDER CONTACT MAINTENANCE & REPAIRS OPERATION OF PLANT LAUNDRY & LINEN SERVICE HOUSEKEEPING HOUSEKEEPING UNDER CONTRACT DIETARY DIETARY UNDER CONTRACT CAFETERIA MAINTENANCE OF PERSONNEL							27.01
28 29	CAFETERIA MAINTENANCE OF PERSONNEL		794187	794187	50871.00	15.61		28 29
30				1534645	53266.00	28.81		30
31	CENTRAL SERVICES AND SUPPLY							31
32 33	PHARMACY MEDICAL RECORDS & MEDICAL RECORDS LIBR	1709080		1709080	52936.00 52962.00	32.29 19.58		32 33
34	SOCIAL SERVICE	1030332	625868	625868	23535.00	26.59		34
35	OTHER GENERAL SERVICE							35
	HOSPITAL WAGE INDEX INFORMATION							WORKSHEET S-3 PART III
								11111 111
					PAID HOURS			
		AMOUNT			RELATED TO SALARY			
PART	III - HOSPITAL WAGE INDEX SUMMARY	REPORTED	A-6	COL.2)	IN COL.3	COL.4)		
		1	2	3	4	5		
1	NET SALARIES	78028186	-631411	77396775	2943150.00	26.30		1
2	EXCLUDED AREA SALARIES	5042767	-59072	4983695	171479.00	29.06		2
3 4	SUBTOTAL SALARIES (LINE 1 MINUS LINE 2) SUBTOTAL OTHER WAGES & REL COSTS SUBTOTAL WAGE-RELATED COSTS	72985419	-572339	72413080	2771671.00	26.13		3 4
5	SUBTOTAL WAGE-RELATED COSTS	12686887		12686887	33332.00	17.52%		5
6	TOTAL (SUM OF LINES 3 THRU 5)	87951235	-572339	87378896	2807223.00	31.13		6
7 8	NET SALARIES EXCLUDED AREA SALARIES							7 8
9	SUBTOTAL SALARIES (LINE 7 MINUS LINE 8)							9
10	SUBTOTAL OTHER WAGES & REL COSTS							10
11 12	SUBTOTAL WAGE-RELATED COSTS TOTAL (SUM OF LINES 9 THRU 11)							11 12
13		23248511	-243547	23004964	1026324.00	22.41		13

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 KPMG LLP COMPU-MAX MICRO SYSTEM
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 IN LIEU OF FORM CMS-2552-96 (11/98)
 11/30/2008 12:00

WORKSHEET S-4

HOSPITAL-BASED H	ME HEALTH AGENCY	STATISTICAL DATA	HHA NO.: 14-7404

HOME HEALTH AGENCY STATISTICAL DATA

COUNTY: 11

	DESCRIPTION	TITLE V 1	TITLE XVIII 2	TITLE XIX	OTHER 4	TOTAL 5	
1 2	HOME HEALTH AIDE HOURS UNDUPLICATED CENSUS COUNT		1916 1030.00		62 376.00	1978 1406.00	1 2
	HOME HEALTH AGENCY - NUMBER OF EMPLOYE	ES (FULL TIM	E EQUIVALENT)				
	ENTER THE NUMBER OF HOURS IN YOUR NORMAL WORK WEEK: 40.00			STAFF 1	CONTRACT 2	TOTAL 3	
3	ADMINISTRATOR AND ASSISTANT ADMINISTRATOR(S)						3
4	DIRECTORS AND ASSISTANT DIRECTOR(S)			1.00		1.00	4
5	OTHER ADMINISTRATIVE PERSONNEL			18.36		18.36	5
6	DIRECT NURSING SERVICE			15.15		15.15	6
7	NURSING SUPERVISOR						7
8	PHYSICAL THERAPY SERVICE			4.98	4.96	9.94	8
9	PHYSICAL THERAPY SUPERVISOR						9
10	OCCUPATIONAL THERAPY SERVICE				.81	.81	10
11	OCCUPATIONAL THERAPY SUPERVISOR				.90	.90	11
12	SPEECH PATHOLOGY SERVICE				.23	.23	12
13	SPEECH PATHOLOGY SUPERVISOR						13
14	MEDICAL SOCIAL SERVICE			. 29		. 29	14
15 16	MEDICAL SOCIAL SERVICE SUPERVISOR HOME HEALTH AIDE			1.15		1.15	15 16
17	HOME HEALTH AIDE SUPERVISOR			1.15		1.15	17
18	OTHER (SPECIFY)						18
10	OTHER (SPECIFI)						10
	HOME HEALTH AGENCY MSA CODES						
					1	1.01	
19	HOW MANY MSAs IN COLUMN 1 OR CBSAs IN COLUMN 1	ווסע מדמ 10	PROVIDE SERVICES		±	1.01	19
17	TO DURING THIS COST REPORTING PERIOD	.01 D1D 100	THOUTDE DERVICED			_	17
20	LIST THOSE MSA CODE(S) IN COLUMN 1 AND CBSA CO DURING THIS COST REPORTING PERIOD (LINE 20 CON)			20

PROVIDER NO. 14-0179 LITTLE COMPANY OF MARY PERIOD FROM 07/01/2007 TO 06/30/2008

KPMG LLP COMPU-MAX MICRO SYSTEM
IN LIEU OF FORM CMS-2552-96 (11/98)

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HOSPITAL-BASED HOME HEALTH AGENCY STATISTICAL DATA

WORKSHEET S-4 (CONTINUED)

PPS ACTIVITY DATA - APPLICABLE FOR SERVICES RENDERED ON OR AFTER OCTOBER 1, 2000

		FULL E	ULL EPISODES SCIC						
		WITHOUT	WITH	LUPA	PEP ONLY	WITHIN	SCIC ONLY		
		OUTLIERS	OUTLIERS	EPISODES	EPISODES	A PEP	EPISODES	TOTAL	
		1	2	3	4	5	6	7	
21	SKILLED NURSING VISITS	8935	1983	733	120	19	887	12677	21
22	SKILLED NURSING VISIT CHARGES	1681431	374990	138080	22470	3550	166750	2387271	22
23	PHYSICAL THERAPY VISITS	5912	56	44	117	13	453	6595	23
24	PHYSICAL THERAPY VISIT CHARGES	1113510	10520	8290	21720	2400	85110	1241550	24
25	OCCUPATIONAL THERAPY VISITS	427	20	1	1	1	7	457	25
26	OCCUPATIONAL THERAPY VISIT CHARGES	80240	3800	190	180	190	1330	85930	26
27	SPEECH PATHOLOGY VISITS	69					5	74	27
28	SPEECH PATHOLOGY VISIT CHARGES	12980					950	13930	28
29	MEDICAL SOCIAL SERVICE VISITS	91	4	7	3	1	7	113	29
30	MEDICAL SOCIAL SERVICE VISIT CHARGES	23400	1040	1810	770	250	1780	29050	30
31	HOME HEALTH AIDE VISITS	816	57	2	30	9	88	1002	31
32	HOME HEALTH AIDE VISIT CHARGES	97355	6840	240	3535	1080	10425	119475	32
33	TOTAL VISITS	16250	2120	787	271	43	1447	20918	33
34	OTHER CHARGES								34
35	TOTAL CHARGES	3008916	397190	148610	48675	7470	266345	3877206	35
36	TOTAL NUMBER OF EPISODES	1047		315	23	3	65	1453	36
37	TOTAL NUMBER OF OUTLIER EPISODES		19				2	21	37
38	TOTAL MEDICAL SUPPLY CHARGES	121230	31324	15875	530		8533	177492	38

NHCMQ DEMONSTRATION STATISTICAL DATA WORKSHEET S-7 STATISTICAL DATA

(GROUP	M3PI REVENUE	SERVICES PRIOR TO JANUARY	ř 1		SERVICES FTER JANUARY 1	TOTAL	
		CODE	RATE	DAYS	RATE	DAYS		
	1	2	3	3.01	4	4.01	5	
1 2 3 3.01 3.02 4 5 6.01 6.02 7 8 9.01 9.02 11 12.02 12.01 12.02 13.14 14.01 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 31 32 33 33 34 34 35 36 37 38 38 38 38 38 38 38 38 38 38 38 38 38	1 RVC/RUC RVB/RUB RVA/RUA RUX RUL RHD/RVC RHC/RVB RHB/RVA RVX RVL RHA/RHC RMC/RHB RMB/RHA RHX RHL RMA/RMC RLB/RMB RLA/RMA RMX RML SE3/RLB SE2/RLA						5	1 2 3 3.01 3.02 4 5 6 6.01 6.02 7 8 9 9.01 12.02 11.1 12.02 11.1 12.02 11.1 12.02 11.1 12.02 11.1 12.02 13.1 14.01 15.1 16.1 17.1 18.2 20.2 21.2 22.2 23.2 24.2 25.2 26.2 27.2 28.2 29.3 30.3 31.3 31.3 31.3 31.3 31.3 31.3 31
43	PA2							43
44 45	PA1 DEFAULT RA	ਾ ਦ						44 45
45 46	TOTAL	1 E						45 46
10	1011111							10

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PERIOD FROM	07/01/200	7 TO	06/30/200	80	

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> WORKSHEET S-9 PARTS I & II

HOSPICE IDENTIFICATION DATA

HOSPICE NO.: 14-1511

PART I - ENROLLMENT DAYS

		TITLE XVIII	TITLE XIX	TITLE XVIII SKILLED NURSING FACILITY 3	TITLE XIX NURSING FACILITY 4	ALL OTHER 5	TOTAL 6
1	CONTINUOUS HOME CARE						1
2	ROUTINE HOME CARE	13083				1239	14322 2
4	INPATIENT RESPITE CARE GENERAL INPATIENT CARE	98				29	127 4
5	TOTAL HOSPICE DAYS	13181				1268	14449 5
	PART II - CENSUS DATA	TITLE XVIII	TITLE XIX	TITLE XVIII SKILLED NURSING FACILITY 3	TITLE XIX NURSING FACILITY 4	ALL OTHER 5	TOTAL 6
6 7	NUMBER OF PATIENTS RECEIVING HOSPICE CARE TOTAL NUMBER OF UNDUPLICATED CONTINUOUS CARE HOURS BILLABLE TO MEDICARE	635				48	683 6 7
8 9	AVERAGE LENGTH OF STAY UNDUPLICATED CENSUS COUNT	20.76 223				26.42 19	21.16 8 242 9

 KPMG LLP COMPU-MAX MICRO SYSTEM
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 IN LIEU OF FORM CMS-2552-96 (6/2003)
 11/30/2008 12:00

HOSPITAL UNCOMPENSATED CARE DATA WORKSHEET S-10

UNCOMPENSATED	CARE	INFORMATION
OIACOLII DIADILI DD	CILICE	TIAL OLGULIT TOTA

1	DO YOU HAVE A WRITTEN CHARITY CARE POLICY?		1
2	DO 100 HAVE A WRITE-OFFS IDENTIFIED AS CHARITY? IF YES ANSWER LINES 2.01 THRU 2.04		2
2.01			2.01
	IS IT AT THE TIME OF ADMISSION? IS IT AT THE TIME OF FIRST BILLING?		
			2.02
	IS IT AFTER SOME COLLECTION EFFORT HAS BEEN MADE?		
	OTHER METHODS OF WRITE-OFFS (SPECIFY)		2.04
3	ARE CHARITY WRITE-OFFS MADE FOR PARTIAL BILLS?		3
4	ARE CHARITY DETERMINATION BASED UPON ADMINISTRATIVE JUDGMENT WITHOUT FINANCIAL DATA?		4
5	ARE CHARITY DETERMINATION BASED UPON INCOME DATA ONLY?		5
6	ARE CHARITY DETERMINATION BASED UPON NET WORTH DATA?		6
7	ARE CHARITY DETERMINATION BASED UPON INCOME AND NET WORTH DATA?		7
8	DOES YOUR ACCOUNTING SYSTEM SEPARATELY IDENTIFY BAD DEBT AND CHARITY CARE? IF YES ANSWER 8.01		8
	DO YOU SEPARATELY ACCOUNT FOR INPATIENT AND OUTPATIENT SERVICES? IS DISCERNING CHARITY FROM BAD DEBT A HIGH PRIORITY IN YOUR INSTITUTION? IF NO ANSWER 9.01 THRU 9.04		8.01
9	IS DISCERNING CHARITY FROM BAD DEBT A HIGH PRIORITY IN YOUR INSTITUTION? IF NO ANSWER 9.01 THRU 9.04		9
9.01			9.01
	IS IT BECAUSE THERE IS NO FINANCIAL INCENTIVE TO SEPARATE CHARITY FROM BAD DEBT?		9.02
9.03			9.03
	IS IT BECAUSE YOUR INSTITUTION DOES NOT DEEM THE DISTINCTION IMPORTANT?		9.04
10	IF CHARITY DETERMINATIONS ARE MADE BASED UPON INCOME DATA, WHAT IS THE MAXIMUM INCOME THAT CAN BE EARNED		10
	BY PATIENTS (SINGLE WITHOUT DEPENDENT) AND STILL DETERMINED TO BE A CHARITY WRITE-OFF?		
11	IF CHARITY DETERMINATIONS ARE MADE BASED UPON INCOME DATA, IS THE INCOME DIRECTLY TIED TO FEDERAL POVERTY		11
	LEVEL? IF YES ANSWER LINES 11 THRU 11.04		
	IS THE PERCENTAGE LEVEL USED LESS THAN 100% OF THE FEDERAL POVERTY LEVEL?		11.01
11.02	IS THE PERCENTAGE LEVEL USED BETWEEN 100% AND 150% OF THE FEDERAL POVERTY LEVEL?		11.02
11.03	IS THE PERCENTAGE LEVEL USED BETWEEN 150% AND 200% OF THE FEDERAL POVERTY LEVEL?		11.03
11.04	IS THE PERCENTAGE LEVEL USED GREATER THAN 200% OF THE FEDERAL POVERTY LEVEL?		11.04
12	ARE PARTIAL WRITE-OFFS GIVEN TO HIGHER INCOME PATIENTS ON A GRADUAL SCALE?		12
13	IS THERE CHARITY CONSIDERATION GIVEN TO HIGH NET WORTH PATIENTS WHO HAVE CATASTROPHIC OR OTHER		13
	EXTRAORDINARY MEDICAL EXPENSES?		
14	IS YOUR HOSPITAL STATE AND LOCAL GOVERNMENT OWNED? IF YES ANSWER LINE 14.01 DO YOU RECEIVE DIRECT FINANCIAL SUPPORT FROM THE GOVERNMENT ENTITY FOR THE PURPOSE OF PROVIDING		14
14.01	DO YOU RECEIVE DIRECT FINANCIAL SUPPORT FROM THE GOVERNMENT ENTITY FOR THE PURPOSE OF PROVIDING		14.01
	UNCOMPENSATED CARE?		
14.02	WHAT PERCENTAGE OF THE AMOUNT ON LINE 14.01 IS FROM GOVERNMENT FUNDING?		14.02
15	DO YOU RECEIVE RESTRICTED GRANTS FOR RENDERING CARE TO CHARITY PATIENTS?		15
16	ARE OTHER NON-RESTRICTED GRANTS USED TO SUBSIDIZE CHARITY CARE?		16
17	REVENUE RELATED TO UNCOMPENSATED CARE		17
17.01	GROSS MEDICAID REVENUES	14944259	17.01
18	REVENUES FROM STATE AND LOCAL INDIGENT CARE PROGRAMS		18
19	REVENUE RELATED TO SCHIP (SEE INSTRUCTIONS)		19
20	RESTRICTED GRANTS		20
21	NON-RESTRICTED GRANTS		21
22	TOTAL GROSS UNCOMPENSATED CARE REVENUES	14944259	22
23	TOTAL CHARGES FOR PATIENTS COVERED BY STATE AND LOCAL INDIGENT CARE PROGRAMS		2.3
24	COST TO CHARGE RATIO	0.235799	
25	TOTAL STATE AND LOCAL INDIGENT CARE PROGRAM COST	0.233733	25
26	TOTAL SCHIP CHARGES FROM YOUR RECORDS		26
27	TOTAL SCHIP COST		27
28	TOTAL GROSS MEDICAID CHARGES FROM YOUR RECORDS	87960071	
29	TOTAL GROSS MEDICAID COST	20740897	
30	TOTHER UNCOMPENSATED CARE CHARGES (FROM YOUR RECORDS)	27353317	
31	UNCOMPENSATED CARE COST CHARGES (FROM TOUR RECORDS)	6449885	
32	UNCOMPENSATED CARE COST TO THE HOSPITAL	20740897	
34	TOTAL UNCOMMENDATED CARE COST TO THE HOSPITAL	20/4009/	24

WORKSHEET A

RECLASSIFICATION AND ADJUSTMENT OF TRIAL BALANCE OF EXPENSES

		COST CENTER	SALARIES 1	OTHER 2		RECLASSI- FICATIONS 4	RECLASS. TRIAL BALANCE 5	MENTS	NET EXP FOR ALLOCATION 7	
		GENERAL SERVICE COST CENTERS								
1		OLD CAP REL COSTS-BLDG & FIXT								1
2	0200	OLD CAP REL COSTS-MVBLE EQUIP NEW CAP REL COSTS-BLDG & FIXT NEW CAP REL COSTS-MVBLE EQUIP EMPLOYEE BENEFITS ADMINISTRATIVE & GENERAL MAINTENANCE & REPAIRS		2051550	2051550	020200	12265200	F100610	0165516	2
3	0300	NEW CAP REL COSTS-BLDG & FIXT		3971552	3971552	9393776				3
4 5	0400	NEW CAP REL COSTS-MVBLE EQUIP	070042	1204010	0175761	6641211 -11289	6641211			
6	0500	ADMINICUPATIVE C CENEDAI	11660561	1304310	20262460	-4965581		-5580865	27717014	
7	0700	MAINTENANCE & REPAIRS	11009304	20393090	30203400	-4903301	33491019	-5560665	2//1/014	7
8	0700	MAINTENANCE & REPAIRS OPERATION OF PLANT LAUNDRY & LINEN SERVICE HOUSEKEEPING DIETARY CAFETERIA	2779344	5018781		-292696	7505429	-32074	7473355	8
9	0900	LAUNDRY & LINEN SERVICE	179055	406401	585456	-2156		-2283	581017	
10	1000	HOUSEKEEPING	1478767	1231271			2690119	-5531	2684588	
11	1100	DIETARY	1588541	1231271 1400095	2988636	-1498529		-8679		
12	1200	CAFETERIA				1481117		-759417		12
13	1300	MAINTENANCE OF PERSONNEL NURSING ADMINISTRATION								13
14	1400	NURSING ADMINISTRATION	1534645	494445	2029090	-34216	1994874	-23000	1971874	14
15	1500	CENTRAL SERVICES & SUPPLY								15
16	1600	PHARMACY MEDICAL RECORDS & LIBRARY	1709080	7787268	9496348	-7248840	2247508	-78602		
			1036932	1120263	2157195	-44877	2112318 729700		2112318	
18		SOCIAL SERVICE				729700	729700		729700	
20		NONPHYSICIAN ANESTHETISTS								20
21		NURSING SCHOOL		227040	227040		227040		227040	21
22		I&R SERVICES-SALARY & FRINGES A		22/949	227949		227949		227949	
23 24		I&R SERVICES-OTHER PRGM COSTS A PARAMED ED PRGM-(SPECIFY)								23 24
		TAIDAMTDAM DOLUMTAH GEDIL GOOM GENIMED								24
25	2500	INPATIENT ROUTINE SERV COST CENTER: ADULTS & PEDIATRICS INTENSIVE CARE UNIT CORONARY CARE UNIT	16765887	5866009	22631896	-1006262	21625634	-1397308	20228326	25
26	2600	INTENSIVE CARE UNIT	5029242	1468504	6497746		6269763		6269763	
27	2700	CORONARY CARE UNIT	3023212	1100301	0157710	22,703	0203703		0203703	27
29	2900									2.9
29.10		NICU	1063165	688702	1751867	-49872	1701995	-366344	1335651	29.10
31	3100	SUBPROVIDER I	1222154	313078	1535232	-10209	1525023	-31114	1493909	
33		NURSERY				635506	635506		635506	33
		ANCILLARY SERVICE COST CENTERS								
37	3700	OPERATING ROOM	3419186	10234885		-822323		-19429		37
39	3900	DELIVERY ROOM & LABOR ROOM	1897651	735461		-196605		-64414		
40	4000	ANESTHESIOLOGY	124636	502044			482080	-9914	472166	
41	4100	ANCILLARY SERVICE COST CENTERS OPERATING ROOM DELIVERY ROOM & LABOR ROOM ANESTHESIOLOGY RADIOLOGY-DIAGNOSTIC BREAST HEALTH CENTER	2726542	2848227	5574769	-2085378	3489391	-14409	3474982	
41.01	3440	BREAST HEALTH CENTER RADIOLOGY-THERAPEUTIC RADIOISOTOPE ULTRASOUND CT SCAN CATH LAB LABORATORY			0005585	455040				41.01
42	4200	RADIOLOGY-THERAPEUTIC	991190	1215486		-175948	2030728	-112800	1917928	42
43	4300	RADIOISUTOPE	41/694	1054982	1472676	35142	150/818		150/818	43
43.10	3630	ULTRASOUND	670554	1064070	1744421 1743624	-48808	19//341		19//341	43.10
43.20	2120	CATU IAD	0/9554	E12060		-113199	627270	25002	1507818 1977341 1694816 591387	43.20
43.30	4400	I.ABORATORY	3627381	5549774		-237948	8939207	-255018	8684189	43.30
46.30	4650	LABORATORY BLOOD CLOTTING FACTORS ADMIN CO RESPIRATORY THERAPY SLEEP LAB PHYSICAL THERAPY OCCUPATIONAL THERAPY SPEECH PATHOLOGY ELECTROCARDIOLOGY C-PORT	3027301	3313771	J111133	237310	0,5,5,20,7	255010	0001103	46.30
49	4900	RESPIRATORY THERAPY	1711848	845504	2557352	-74043	2483309	-47174	2436135	
49.01	3952	SLEEP LAB	141216	82152	223368		209250		209250	
50	5000	PHYSICAL THERAPY	1157167	419143	1576310		209250 1555458		1555458	50
51	5100	OCCUPATIONAL THERAPY								51
52	5200	SPEECH PATHOLOGY	127424	74245	201669	-1135	200534 1327850		200534	
53	5300	ELECTROCARDIOLOGY	735874	652152	1388026	-60176	1327850	-22306	1305544	
53.01	5301	C-PORT ELECTROENCEPHALOGRAPHY MEDICAL SUPPLIES CHARGED TO PAT DRUGS CHARGED TO PATIENTS RENAL DIALYSIS ASC (NON-DISTINCT PART) GI LAB	40							53.01
54	5400	ELECTROENCEPHALOGRAPHY	48235	50136	98371	-18064	80307	25154	80307	54
55 56	5500	MEDICAL SUPPLIES CHARGED TO PAT	614331	T092076	1/06407	-56/U78	1139329	-37154	TT05T./2	55 56
57	5700	DRUGS CHARGED TO PATTENTS	107715	246694	7///20	7102332	71/1/15	_0701	704254	50
58	5700	RENAL DIALISIS	722100	240004	1002214	-30204	075001	-9/91	075001	57
58 10	3340	GI LAB	981071	887665	1868736	-20323	1631078		1631078	58 10
		ENTEROSTOMAL THERAPY	J01071	007003	1000730	237030	1031070		1031070	59
		NEUROLOGY								59.10
59.20										59.20
59.30	3430	OUTSIDE SERVICES	207575	629077	836652	-61301	775351	-152397	622954	
		AUDIOLOGY								59.40
		OUTPATIENT SERVICE COST CENTERS								
		CLINIC	247821	122731	370552	-4314	366238	-4682	361556	60
		PALOS DIAGNOSTIC CENTER	157689	114173	271862	-4314 -21335 -194956	250527		250527	60.01
		OUTPATIENT REHAB	912332	219984	1132316	-5066 -25349	1127250	40714	1127250	63 10
63.10		WOUND CARE CENTER	355325	10/164	522489	-25349	49/140	-40/14	456426	63.10
63.60										63.60
55.00	0520	OTHER REIMBURSABLE COST CENTERS								03.00
69.10	6910									69.10
		OUTPATIENT PHYSICAL THERAPY								69.20

PROVIDER NO. 14-0179 LITTLE COMPANY OF MARY PERIOD FROM 07/01/2007 TO 06/30/2008

 KPMG LLP COMPU-MAX MICRO SYSTEM
 VERSION: 2008.05

 IN LIEU OF FORM CMS-2552-96 (9/96)
 11/30/2008 12:00

WORKSHEET A

RECLASSIFICATION AND ADJUSTMENT OF TRIAL BALANCE OF EXPENSES

			TITLE DILLING	D 01 D111 D110	,20				110111011	
		COST CENTER	SALARIES 1	OTHER 2	TOTAL 3	RECLASSI- FICATIONS 4	RECLASS. TRIAL BALANCE 5	ADJUST- MENTS 6	NET EXP FOR ALLOCATION 7	
69.30	6930	OUTPATIENT OCCUPATIONAL THERAPY								69.30
69.40	6940	OUTPATIENT SPEECH PATHOLOGY								69.40
71	7100	HOME HEALTH AGENCY SPECIAL PURPOSE COST CENTERS	2039985	1107530	3147515	-108688	3038827		3038827	71
85.01	8510	PANCREAS ACQUISITION								85.01
85.02	8520	INTESTINAL ACQUISITION								85.02
85.03	8530	ISLET CELL ACQUISITION								85.03
88	8800	INTEREST EXPENSE		5024565	5024565	-5489279	-464714	464714		88
93	9300	HOSPICE	894665	588551	1483216	-8240	1474976		1474976	93
94	6950	MOBILE MED	203797	65326	269123	-4818	264305		264305	94
95		SUBTOTALS	77548969	96831737	174380706	41409	174422115	-13857214	160564901	95
		NONREIMBURSABLE COST CENTERS								
96	9600	GIFT, FLOWER, COFFEE SHOP & CAN								96
97.10	9701	ADULT DAY CARE	229576	82911	312487	-4438	308049		308049	97.10
98	9800	PHYSICIANS' PRIVATE OFFICES	452590	367363	819953	-36971	782982		782982	98
98.01	9801	VACANT SPACE								98.01
100	7950	FUND DEVELOPMENT								100
101		TOTAL	78231135	97282011	175513146		175513146	-13857214	161655932	101

PAGE 1

KPMG LLP COMPU-MAX MICRO SYSTEM IN LIEU OF FORM CMS-2552-96 (9/96) VERSION: 2008.05 11/30/2008 12:00 RECLASSIFICATIONS WORKSHEET A-6

	EXPLANATION OF RECLASSIFICATION ENTRY	CODE		- INCREASE		
			COST CENTER	LINE #	SALARY	OTHER
		1	2	3	4	5
1 2 3 4	DRUGS CHGD TO PAT.	A	DRUGS CHARGED TO PATIENTS	56		7102352 1 2 3 4
5 6 7 8 9	CAFETERIA COSTS	В	CAFETERIA	12	794187	7 8 9
10 11						10 11
12 13 14	HHA/HOSPICE BILLING/PLANT COSTS	D D	ADMINISTRATIVE & GENERAL	6	59072	11344 12 13 14
15 16 17 18	CAPITAL COSTS	E	NEW CAP REL COSTS-BLDG & FIXT	3		3816085 15 16 17 18
19 20 21	INTEREST EXPENSE	G	NEW CAP REL COSTS-BLDG & FIXT	3		5489279 19 20 21
22 23 24 25 26 27 28	RADIOLOGY ADMIN COSTS	I I I	RADIOISOTOPE ULTRASOUND CT SCAN OUTSIDE SERVICES	43.10 43.20	244623	80892 22 156679 23 128748 24 47076 25 26 27 28
29 30 31 32	NURSERY COSTS	J	NURSERY	33	516693	29 118813 30 31 32
33 34 35		K K K	NEW CAP REL COSTS-MVBLE EQUIP	4		6641211 33 34 35
36	SUBTOTAL				2015385	24279409 36

KPMG LLP COMPU-MAX MICRO SYSTEM IN LIEU OF FORM CMS-2552-96 (9/96) VERSION: 2008.05 11/30/2008 12:00

RECLASSIFICATIONS WORKSHEET A-6 $$\operatorname{\mathsf{PAGE}}$$ 1

	EXPLANATION OF	CODE					WKST A-7
	RECLASSIFICATION ENTRY	1	COST CENTER 6	LINE # 7	SALARY 8	OTHER 9	REF. 10
1 2 3 4 5	DRUGS CHGD TO PAT.	А	PHARMACY	16		7102352	1 2 3 4 5
6 7 8 9 10 11	CAFETERIA COSTS	В	DIETARY	11	794187	686930	6 7 8 9 10 11
12 13 14	HHA/HOSPICE BILLING/PLANT COSTS	D D	HOME HEALTH AGENCY HOSPICE	71 93	51986 7086	10190 1154	12 13 14
15 16 17 18	CAPITAL COSTS I		ADMINISTRATIVE & GENERAL	6		3816085	9 15 16 17 18
19 20 21	INTEREST EXPENSE	G	INTEREST EXPENSE	88		5489279	9 19 20 21
22 23 24 25 26 27 28 29	RADIOLOGY ADMIN COSTS	I I I	RADIOLOGY-DIAGNOSTIC	41	645433	413395	22 23 24 25 26 27 28 29
30 31 32	NURSERY COSTS	J	ADULTS & PEDIATRICS	25	516693	118813	30 31 32
33 34 35 36	SUBTOTAL	K K K	EMPLOYEE BENEFITS ADMINISTRATIVE & GENERAL OPERATION OF PLANT	5 6 8	2015385	11289 887160 292696 18829343	9 33 34 35 36

KPMG LLP COMPU-MAX MICRO SYSTEM IN LIEU OF FORM CMS-2552-96 (9/96) VERSION: 2008.05 11/30/2008 12:00

RECLASSIFICATIONS

WORKSHEET A-6 PAGE 2

	EXPLANATION OF RECLASSIFICATION ENTRY	CODE		INCREASE		
		CODE	COST CENTER		SALARY	OTHER
		1	2	3	4	5
1		K				1
2		K				
3		K				2 3 4 5 6 7
4		K				4
5		K				5
6		K				6
7		K				7
8		K				8
9		K				9
10		K				10
11		K				11
12		K				12
13		K				13
14		K				14
15		K				15
16		K				16
17		K				17
18		K				18
19		K				19
20		K				20
21		K				21
22		K				22
23		K				23
24		K				24
25		K				25
26		K				26
27		K				27
28		K				28
29		K				29
30		K				30
31		K				31
32		K				32
33		K				33
34		K				34
35		K				35
36	SUBTOTAL				2015385	24279409 36

RECLASSIFICATIONS WORKSHEET A-6 PAGE 2

	EXPLANATION OF	CODE	DEDECREASE					
	RECLASSIFICATION ENTRY		COST CENTER	LINE #	SALARY	OTHER	REF.	
		1	6	7	8	9	10	
1		K	LAUNDRY & LINEN SERVICE	9		2156	1	
2		K	HOUSEKEEPING	10		19919	2	
3		K	DIETARY	11		17412	3	
4		K	NURSING ADMINISTRATION	14		34216	4	
5		K	PHARMACY	16		146488	5	
6		K	MEDICAL RECORDS & LIBRARY	17		44877	6	
7		K	ADULTS & PEDIATRICS	25		370756	7	
8		K	INTENSIVE CARE UNIT	26		227983	8	
9		K	NICU	29.10		49872	9	
10		K	SUBPROVIDER I	31		10209	10	
11		K	OPERATING ROOM	37		822323	11	
12		K	DELIVERY ROOM & LABOR ROOM	39		196605	12	
13		K	ANESTHESIOLOGY	40		144600	13	
14		K	RADIOLOGY-DIAGNOSTIC	41		1026550	14	
15		K	RADIOLOGY-THERAPEUTIC	42		175948	15	
16		K	RADIOISOTOPE	43		172047	16	
17		K	ULTRASOUND	43.10		168382	17	
18		K	CT SCAN	43.20		378569	18	
19		K	CATH LAB	43.30		113199	19	
20		K	LABORATORY	44		237948	20	
21		K	RESPIRATORY THERAPY	49		74043	21	
22		K	SLEEP LAB	49.01		14118	22	
23		K	PHYSICAL THERAPY	50		20852	23	
24		K	SPEECH PATHOLOGY	52		1135	24	
25		K	ELECTROCARDIOLOGY	53		60176	25	
26		K	ELECTROENCEPHALOGRAPHY	54		18064	26	
27		K	MEDICAL SUPPLIES CHARGED TO P	55		81718	27	
28		K	RENAL DIALYSIS	57		30284	28	
29		K	ASC (NON-DISTINCT PART)	58		26323	29	
30		K	GI LAB	58.10		237658	30	
31		K	CLINIC	60		4314	31	
32		K	PALOS DIAGNOSTIC CENTER	60.01		21335	32	
33		K	EMERGENCY	61		194956	33	
34		K	OUTPATIENT REHAB	63		5066	34	
35		K	WOUND CARE CENTER	63.10		25349	35	
36	SUBTOTAL				2015385	24004793	36	

RECLASSIFICATIONS

VERSION: 2008.05 11/30/2008 12:00 KPMG LLP COMPU-MAX MICRO SYSTEM IN LIEU OF FORM CMS-2552-96 (9/96)

> WORKSHEET A-6 PAGE 3

						rAGE 3
	EXPLANATION OF RECLASSIFICATION ENTRY	CODE	COST CENTER		SALARY	OTHER
		1	2	3	SALAR1 4	5
1		K				1
2		K				2
3		K				3
4		K				4
5		K				5
6						6
7						7
8						8
9	UTIL/QUALITY MANAGEMENT COSTS	L	SOCIAL SERVICE	18	625868	103832 9
10						10
11 12	CENTRAL PROCESSING COSTS	NT.	ADMINISTRATIVE & GENERAL	6	328792	11 156568 12
13	CENTRAL PROCESSING COSIS	IN	ADMINISTRATIVE & GENERAL	6	320/92	130300 12
14						14
15	PROPERTY INSURANCE	0	NEW CAP REL COSTS-BLDG & FIXT	3		88412 15
16						16
17	HOSPITALIST SALARIES	P	ADMINISTRATIVE & GENERAL	6		631411 17
18						18
19						19
20						20
21						21
22						22
23						23
24 25						24 25
26						26
27						27
28						28
29						29
30						30
31						31
32						32
33						33
34						34
35					0050045	35
36	TOTAL RECLASSIFICATIONS				2970045	25259632 36

RECLASSIFICATIONS WORKSHEET A-6 PAGE 3

	EXPLANATION OF	CODE		DECREASE			WKST A-7
	RECLASSIFICATION ENTRY		COST CENTER	LINE #	SALARY	OTHER	REF.
		1	6	7	8	9	10
1		K	HOME HEALTH AGENCY	71 94		46512	
2		K	MOBILE MED	94		4818	2
3		K	ADULT DAY CARE	97.10		4438	
4		K	PHYSICIANS' PRIVATE OFFICES	98		36971	4
5		K	OUTSIDE SERVICES	59.30		181877	5
6							6
7							7
8							8
9	UTIL/QUALITY MANAGEMENT COSTS	L	ADMINISTRATIVE & GENERAL	6	625868	103832	9
10							10
11							11
12	CENTRAL PROCESSING COSTS	N	MEDICAL SUPPLIES CHARGED TO P	55	328792	156568	12
13							13
14							14
15	PROPERTY INSURANCE	0	ADMINISTRATIVE & GENERAL	6		88412	9 15
16							16
17	HOSPITALIST SALARIES	P	ADMINISTRATIVE & GENERAL	6	631411		17
18							18
19							19
20							20
21							21
22							22
23							23
24							24
25							25
26							26
27							27
28							28
29							29
30							30
31							31
32							32
33							33
34 35							34 35
	TOTAL RECLASSIFICATIONS				3601456	24628221	35 36
30	TOTAL RECLASSIFICATIONS				3001450	Z40Z8ZZI	36

ANALYSIS OF CHANGES DURING COST REPORTING PERIOD IN CAPITAL ASSET BALANCES OF HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX CERTIFIED TO PARTICIPATE IN HEALTH CARE PROGRAMS

WORKSHEET A-7 PARTS I & II

PART I - ANALYSIS OF CHANGES IN OLD CAPITAL ASSET BALANCES

		BEGINNING		ACQUISITIONS		DISPOSALS AND	ENDING	FULLY DEPRECIATED		
	DESCRIPTION	BALANCES 1	PURCHASE 2	DONATION 3	TOTAL 4	RETIREMENTS 5	BALANCE 6	ASSETS 7		
1	LAND							1	1	
2								2	2	
3	BUILDINGS AND FIXTURES							3	3	
4	BUILDING IMPROVEMENTS							4	4	
5	FIXED EQUIPMENT							į	5	
6								6	6	
7	SUBTOTAL							-	7	
8	RECONCILING ITEMS							8	8	
9	TOTAL								9	

PART II - ANALYSIS OF CHANGES IN NEW CAPITAL ASSET BALANCES

		BEGINNING		ACQUISITIONS		DISPOSALS AND	ENDING	FULLY DEPRECIATED
	DESCRIPTION	BALANCES	PURCHASE	DONATION	TOTAL	RETIREMENTS	BALANCE	ASSETS
		1	2	3	4	5	6	7
1	LAND	1319068					1319068	1
2	LAND IMPROVEMENTS	5655282	6237324		6237324		11892606	2
3	BUILDINGS AND FIXTURES	134554876	5317631		5317631		139872507	3
4	BUILDING IMPROVEMENTS							4
5	FIXED EQUIPMENT							5
6	MOVABLE EQUIPMENT	75645115	6922215		6922215		82567330	6
7	SUBTOTAL	217174341	18477170		18477170		235651511	7
8	RECONCILING ITEMS							8
9	TOTAL	217174341	18477170		18477170		235651511	9

PART III - RECONCILIATION OF CAPITAL COST CENTERS

WORKSHEET A-7 PARTS III & IV

			COMPUTATION	GROSS		ALLC	CATION OF	OTHER	AL	
	DESCRIPTION	ASSETS	CAPITALIZED LEASES	ASSETS FOR RATIO	RATIO	INSURANCE	TAXES	CAPITAL- RELATED COSTS	TOTAL	
		1	2	3	4	5	6	7	8	
1 2 3 4 5	OLD CAP REL COSTS-BLDG & FIXT OLD CAP REL COSTS-MVBLE EQUIP NEW CAP REL COSTS-BLDG & FIXT NEW CAP REL COSTS-MVBLE EQUIP TOTAL				.000000 .000000 .000000 .000000					1 2 3 4 5
					SUMMARY OF	OLD AND NEW	CAPITAL			
	DESCRIPTION		DEPREC-	LEASE		INSURANCE	TAXES	OTHER CAPITAL- RELATED	TOTAL	
			9	10	11	12	13	COSTS 14	15	
1 2 3 4 5	OLD CAP REL COSTS-BLDG & FIXT OLD CAP REL COSTS-MVBLE EQUIP NEW CAP REL COSTS-BLDG & FIXT NEW CAP REL COSTS-MVBLE EQUIP TOTAL		8165716 6631247 14796963	10	11	12	13	14	8165716 6631247 14796963	4
	PART IV - RECONCILIATION OF	AMOUNTS FRO								
					SUMMARY OF	OLD AND NEW	CAPITAL	OTHER		
	DESCRIPTION			LEASE	INTEREST	INSURANCE	TAXES	CAPITAL- RELATED COSTS	TOTAL	
			9	10	11	12	13	14	15	
1 2 3	OLD CAP REL COSTS-BLDG & FIXT OLD CAP REL COSTS-MVBLE EQUIP NEW CAP REL COSTS-BLDG & FIXT		3971552						3971552	1 2 3
4 5	NEW CAP REL COSTS-MVBLE EQUIP TOTAL		3971552						3971552	4 5

ADJUSTMENTS TO EXPENSES

PERIOD	FROM 07/01/2007 TO 06/30/2008		IN LIEU	OF FORM CMS-2552-96 (11/98)	11/	30/2008	12:00
	ADJUSTMENTS TO EXPENSES					WORKSHE	ET A-8
	115000111111110 10 2111 211020			EXPENSE CLASSIFICATION ON WORKS	SHEET A TO/		21 11 0
				FROM WHICH THE AMOUNT IS TO BE			7
	DESCRIPTION	BASIS		COST CENTER			
		1	2	3	4	5	
1	INVESTMENT INCOME-OLD BLDGS & FIXTURES INVESTMENT INCOME-OLD MOVABLE EQUIPMENT INVESTMENT INCOME-NEW BLDGS & FIXTURES INVESTMENT INCOME-NEW MOVABLE EQUIPMENT INVESTMENT INCOME-OTHER			OID CAD BEI COSTS_BIDG & FIVE	1		1
2	INVESTMENT INCOME-OLD MOVABLE EQUIPMENT			OLD CAP REL COSTS-BLDG & FIXT	2		2
3	INVESTMENT INCOME-NEW BLDGS & FIXTURES	В	-598594	NEW CAP REL COSTS-BLDG & FIXT	3	9	3
4	INVESTMENT INCOME-NEW MOVABLE EQUIPMENT			NEW CAP REL COSTS-MVBLE EQUIP	4		4
5	INVESTMENT INCOME-OTHER						5
6	TRADE, QUANTITY, AND TIME DISCOUNTS						6
7	REFUNDS AND REBATES OF EXPENSES						7
8	RENTAL OF PROVIDER SPACE BY SUPPLIERS				_		8
9	TELEPHONE SERVICES (PAY STATIONS EXCL)	A	-71238	ADMINISTRATIVE & GENERAL	6		9
10 11	TELEVISION AND RADIO SERVICE PARKING LOT						10 11
12	PROVIDER-BASED PHYSICIAN ADJUSTMENT	WKST					11
	TROVIDER BROED THISICITE REGULATION	A-8-2	-3967642				12
13	SALE OF SCRAP, WASTE, ETC.						13
14	RELATED ORGANIZATION TRANSACTIONS	WKST					
		A-8-1	-223365				14
15	LAUNDRY AND LINEN SERVICE						15
16	CAFETERIA - EMPLOYEES AND GUESTS						16
17 18	RENTAL OF QUARTERS TO EMPLOYEES & OTHERS SALE OF MEDICAL AND SURGICAL SUPPLIES TO						17
10	OTHER THAN PATIENTS						18
19	SALE OF DRUGS TO OTHER THAN PATIENTS						19
20	SALE OF MEDICAL RECORDS AND ABSTRACTS						20
21	NURSING SCHOOL (TUITION, FEES, BOOKS, ETC.)						21
22	VENDING MACHINES						22
23	INCOME FROM IMPOSITION OF INTEREST,						
	FINANCE OR PENALTY CHARGES						23
24	INTEREST EXP ON MEDICARE OVERPAYMENTS & BORROWINGS TO REPAY MEDICARE OVERPAYMENT						24
25	ADJ FOR RESPIRATORY THERAPY COSTS IN	WKST					24
23	EXCESS OF LIMITATION - HOSPITAL	A-8-4		RESPIRATORY THERAPY	49		25
26	ADJ FOR PHYSICAL THERAPY COSTS IN	WKST					23
				PHYSICAL THERAPY	50		26
27	EXCESS OF LIMITATION - HOSPITAL ADJ FOR HHA PHYSICAL THERAPY COSTS IN EXCESS OF LIMITATION UTIL REVIEW-PHYSICIANS' COMPENSATION DEPRECIATIONOLD BUILDINGS & FIXTURES DEPRECIATIONOLD MOVABLE EQUIPMENT DEPRECIATIONNEW BUILDINGS & FIXTURES DEPRECIATIONNEW MOVABLE EQUIPMENT NON-PHYSICIANS ASSISTANT	WKST					
	EXCESS OF LIMITATION	A-8-3		HOME HEALTH AGENCY	71 89		27
28	UTIL REVIEW-PHYSICIANS' COMPENSATION			UTILIZATION REVIEW-SNF	89		28
29	DEPRECIATION OLD BUILDINGS & FIXTURES			OLD CAP REL COSTS-BLDG & FIXT	1		29
30 31	DEDECTATION - NEW DITTIDINGS & FIVEIDES			NEW CAR REL COSTS-MVBLE EQUIP	2		30 31
32	DEPRECIATION - NEW MOVABLE POLITIMENT			NEW CAP REL COSIS-BLDG & FIAT	4		32
33	NON-PHYSICIAN ANESTHETIST			NONPHYSICIAN ANESTHETISTS	20		33
34	PHYSICIANS' ASSISTANT						34
35	ADJ FOR OCCUPATIONAL THERAPY COSTS IN	WKST					
	EXCESS OF LIMITATION - HOSPITAL	WKST A-8-4		OCCUPATIONAL THERAPY	51		35
36	ADJ FOR SPEECH PATHOLOGY COSTS IN	WKST					
2.17	EXCESS OF LIMITATION - HOSPITAL	WKST A-8-4		SPEECH PATHOLOGY			36
37	MOLINTEED DECOMBER MICC DEVENUE	Ð	_10524	ADMINICEDATIVE C CENEDAI	6		37 37.01
37.01	PADIATION ONCOLOGY MISC REVENUE	B	-10524 -7800	RADIOLOGY-THERADEUTIC	42		37.01
37.02	LABORATORY REVENUES	В	-9696	LABORATORY	44		37.02
37.04	PHARMACY MISC REVENUE	В	-7059	PHARMACY	16		37.04
37.05	RADIOLOGY ADMIN	В	-625	RADIOLOGY-DIAGNOSTIC	41		37.05
37.06	VOLUNTEER RESOURCES MISC REVENUE RADIATION ONCOLOGY MISC REVENUE LABORATORY REVENUES PHARMACY MISC REVENUE RADIOLOGY ADMIN RADIOLOGY MISC REVENUE RADIOLOGY SILVER HUMAN RESOURCES MISC REVENUE	В	-3692	ADMINISTRATIVE & GENERAL RADIOLOGY-THERAPEUTIC LABORATORY PHARMACY RADIOLOGY-DIAGNOSTIC RADIOLOGY-DIAGNOSTIC RADIOLOGY-DIAGNOSTIC EMPLOYEE BENEFITS	41		37.06
37.07	RADIOLOGY SILVER	В	-9895	RADIOLOGY-DIAGNOSTIC	41		37.07
37.09	HUMAN RESOURCES MISC REVENUE	В	-1041	EMPLOYEE BENEFITS	5		37.09
37.11	ROUTINE OTHER REVENUE	В	-1219	ADULTS & PEDIATRICS	25		37.11
37.13 27.14	OTUPD DEVENUE OF THIC	B	-3/154	MEDICAL SUPPLIES CHARGED TO PAT	55		37.13
37.11	TELE & COMM MISC REVENUE	B	-588	ADMINISTRATIVE & GENERAL	6		37.14
37.16	ANSWERING SVCE INCOME	В	-225340	ADMINISTRATIVE & GENERAL	6		37.16
37.18	NURSING ADMIN OTHER REVENUE	В	-23000	NURSING ADMINISTRATION	14		37.18
37.20	SURGERY MISC REVENUE	В	-122	OPERATING ROOM	37		37.20
37.22	BREAST HEALTH MISC REVENUE	В	-100	RADIOLOGY-DIAGNOSTIC	41		37.22
37.25	CAFETERIA REVENUE	В	-759417	CAFETERIA	12		37.25
37.26	VENDING MACHINE REVENUE	В	-8679	DIETARY	11		37.26
31.∠/ 37.20	MEDICAL STAFF APPLICATION REVENUE	B	-∠1500	ADMINISTRATIVE & GENERAL	10		31.41 37 20
37.20 37.20	BIIS OFFICE/ADMITTING DEVENUE	B	-3531	ADMINITERPATIVE & CENEDAL	¥0		37.40 37.30
37.30	MOTHER BABY	B	-5124	ADULTS & PEDIATRICS	25		37.32
37.33	SECURITY PURCH SERVICES REVENUE	B	-3117	OPERATION OF PLANT	8		37.33
37.34	GENERAL MAINTENANCE REVENUE	В	-28254	OPERATION OF PLANT	8		37.34
37.35	ENGINEERING AFFILIATES OTHER OPER	В	-703	OPERATION OF PLANT	8		37.35
37.36	PHARMACY REVENUE	В	-71543	PHARMACY	16		37.36
37.39	LINEN OTHER REVENUE	В	-2283	LAUNDRY & LINEN SERVICE	9		37.39
37.41	RADIOLOGY SILVER HUMAN RESOURCES MISC REVENUE ROUTINE OTHER REVENUE MEDICAL SUPPLIES REVENUE OTHER REVENUE CLINIC TELE & COMM MISC REVENUE ANSWERING SVCE INCOME NURSING ADMIN OTHER REVENUE SURGERY MISC REVENUE BEREAST HEALTH MISC REVENUE CAFETERIA REVENUE VENDING MACHINE REVENUE MEDICAL STAFF APPLICATION REVENUE HOUSEKEEPING BUS OFFICE/ADMITTING REVENUE MOTHER BABY SECURITY PURCH SERVICES REVENUE GENERAL MAINTENANCE REVENUE ENGINEERING AFFILLATES OTHER OPER PHARMACY REVENUE LINEN OTHER REVENUE HEALTH EDUCATION CENTER REVENUE AFFILIATES REVENUE	B	-51161 -122146	ADMINISTRATIVE & GENERAL	6		31.41 37 12
51.43	TILITIATED KEVENOE	D.	122140	ADMINISTRATIVE & GENERAL	3		31.33

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 11/30/2008 12:00
 ADJUSTMENTS TO EXPENSES WORKSHEET A-8

	ADJUSTMENTS TO EXPENSES						EEL A-8
				EXPENSE CLASSIFICATION ON WOR			
				FROM WHICH THE AMOUNT IS TO B			-7
	DESCRIPTION	BASIS	AMOUNT	COST CENTER	LINE NO.		
		1	2	3	4	5	
37.44	ACCTG REVENUE MISCELLANEOUS REVENUE HISTOPATHOLOGY MISC REVENUE CYTOPATHOLOGY REVENUE EKG OTHER REVENUE INTEREST INCOME NETTED FROM EXPEN NON-ALLOWABLE ADMIN COSTS MALPRACTICE EXPENSE VOLUNTEER SERVICES OAK LAWN LAB COSTS NON-ALLOWABLE DUES DEPR TELEPHONES, PATIENT PORTION NON-ALLOWABLE INTEREST EXPENSE MARKETING COSTS EMPLOYEE HEALTH COSTS PHYISICIAN MATCH EXPENSES NON-ALLOWABLE DEPRECIATION REAL ESTATE TAXES INTEREST INCOME NETTED FROM EXPEN RENTAL REVENUE CHICAGO RIDGE HEALTH EDUCATION CO	В	-16115	ADMINISTRATIVE & GENERAL ADMINISTRATIVE & GENERAL LABORATORY LABORATORY ELECTROCARDIOLOGY INTEREST EXPENSE ADMINISTRATIVE & GENERAL ADMINISTRATIVE & GENERAL ADMINISTRATIVE & GENERAL LABORATORY ADMINISTRATIVE & GENERAL NEW CAP REL COSTS-MYBLE EQUIP NEW CAP REL COSTS-BLDG & FIXT ADMINISTRATIVE & GENERAL	6		37.44
37.45	MISCELLANEOUS REVENUE	В	-13885	ADMINISTRATIVE & GENERAL	6		37.45
37.46	HISTOPATHOLOGY MISC REVENUE	В	-165	LABORATORY	44		37.46
37.47	CYTOPATHOLOGY REVENUE	В	-39616	LABORATORY	44		37.47
37.50	EKG OTHER REVENUE	В	-1790	ELECTROCARDIOLOGY	53		37.50
37.51	INTEREST INCOME NETTED FROM EXPEN	В	464714	INTEREST EXPENSE	88		37.51
37.52	NON-ALLOWABLE ADMIN COSTS	A	-120098	ADMINISTRATIVE & GENERAL	6	9	37.52
38	MALPRACTICE EXPENSE	A	1069797	ADMINISTRATIVE & GENERAL	6		38
38.02	VOLUNTEER SERVICES	A	-690793	ADMINISTRATIVE & GENERAL	6		38.02
38.04	OAK LAWN LAB COSTS	A	-205541	LABORATORY	44		38.04
38.05	NON-ALLOWABLE DUES	A	-20000	ADMINISTRATIVE & GENERAL	6	9	38.05
38.06	DEPR TELEPHONES, PATIENT PORTION	A	-9964	NEW CAP REL COSTS-MVBLE EQUIP	4	9	38.06
38.07	NON-ALLOWABLE INTEREST EXPENSE	A	-4890684	NEW CAP REL COSTS-BLDG & FIXT	3	9	38.07
38.08	MARKETING COSTS	A	-1306029	ADMINISTRATIVE & GENERAL	6	9	38.08
38.24	EMPLOYEE HEALTH COSTS	A	-1690125	ADMINISTRATIVE & GENERAL	6 6 3		38.24
38.26	PHYISICIAN MATCH EXPENSES	A	-96832	ADMINISTRATIVE & GENERAL	6		38.26
38.40	NON-ALLOWABLE DEPRECIATION	A	-155467	NEW CAP REL COSTS-BLDG & FIXT	3	9	38.40
38.43	REAL ESTATE TAXES	A	-1920	ADMINISTRATIVE & GENERAL	6		38.43
38.44	INTEREST INCOME NETTED FROM EXPEN	A	464713	NEW CAP REL COSTS-BLDG & FIXT	3	9	38.44
38.56	RENTAL REVENUE	В	-19580	NEW CAP REL COSTS-BLDG & FIXT	3 6 3 3	9	38.56
38.64	CHICAGO RIDGE HEALTH EDUCATION CO	A	-296194	ADMINISTRATIVE & GENERAL	6		38.64
39							39
40							40
41							41
42							42
43							43
44							44
45							45
46							46
47							47
48							48
49							49
50	TOTAL		-13857214				50

STATEMENT OF COSTS OF SERVICES FROM RELATED ORGANIZATIONS AND HOME OFFICE COSTS

WORKSHEET A-8-1

3

A. COSTS INCURRED AND ADJUSTMENTS REQUIRED AS A RESULT OF TRANSACTIONS WITH RELATED ORGANIZATIONS OR THE CLAIMING OF HOME OFFICE COSTS:

				AMOUNT OF	AMOUNT (INCL	NET ADJ-	WKST	
	LINE			ALLOWABLE	IN WKST A,	USTMENTS	A-7	
	NO.	COST CENTER	EXPENSE ITEMS	COST	COL 5)		REF	
	1	2	3	4	5	6	7	
1	59.30	OUTSIDE SERVICES	MRI PROCEDURES	187816	340213	-152397	1	L
2							2	2
3							3	3
4	6	ADMINISTRATIVE & GENERAL	POTTER PAV ADMIN COS	49919	120887	-70968	4	1
5		TOTALS		237735	461100	-223365	Ē	5

B. INTERRELATIONSHIP OF RELATED ORGANIZATION(S) AND/OR HOME OFFICE:

THE SECRETARY, BY VIRTUE OF AUTHORITY GRANTED UNDER SECTION 1814(b)(1) OF THE SOCIAL SECURITY ACT, REQUIRES THAT YOU FURNISH THE INFORMATION REQUESTED UNDER PART B OF THIS WORKSHEET.

THE INFORMATION IS USED BY THE HEALTH CARE FINANCING ADMINISTRATION AND ITS INTERMEDIARIES IN DETERMINING THAT THE COSTS APPLICABLE TO SERVICES, FACILITIES, AND SUPPLIES FURNISHED BY ORGANIZATIONS RELATED TO YOU BY COMMON OWNERSHIP OR CONTROL REPRESENT REASONABLE COSTS AS DETERMINED UNDER SECTION 1861 OF THE SOCIAL SECURITY ACT. IF YOU DO NOT PROVIDE ALL OR ANY PART OF THE REQUESTED INFORMATION, THE COST REPORT IS CONSIDERED INCOMPLETE AND NOT ACCEPTABLE FOR PURPOSES OF CLAIMING REIMBURSEMENT UNDER TITLE XVIII.

			RELATED ORGANIZA	TION(S) AND/OR HOM	ME OFFICE
		PERCENT		PERCENT	
SYMBOL	NAME	OF	NAME	OF	TYPE OF
(1)		OWNERSHIP		OWNERSHIP	BUSINESS
1	2	3	4	5	6
1 C SW	HOSPITAL MRI				
2 C LCM	INC.				
3					
4					
5					

- (1) USE THE FOLLOWING SYMBOLS TO INDICATE THE INTERRELATIONSHIP TO RELATED ORGANIZATIONS:

 A. INDIVIDUAL HAS FINANCIAL INTEREST (STOCKHOLDER, PARTNER, ETC.) IN BOTH RELATED ORGANIZATION AND IN PROVIDER.
 - B. CORPORATION, PARTNERSHIP, OR OTHER ORGANIZATION HAS FINANCIAL INTEREST IN PROVIDER.

 - C. PROVIDER HAS FINANCIAL INTEREST IN CORPORATION, PARTNERSHIP, OR OTHER ORGANIZATION.
 D. DIRECTOR, OFFICER, ADMINISTRATOR, OR KEY PERSON OF PROVIDER OR RELATIVE OF SUCH PERSON HAS FINANCIAL INTEREST IN RELATED ORGANIZATION.

 - E. INDIVIDUAL IS DIRECTOR, OFFICER, ADMINISTRATOR, OR KEY PERSON OF PROVIDER AND RELATED ORGANIZATION.

 F. DIRECTOR, OFFICER, ADMINISTRATOR, OR KEY PERSON OF RELATED ORGANIZATION OR RELATIVE OF SUCH PERSON HAS FINANCIAL INTEREST IN PROVIDER.
 - G. OTHER (FINANCIAL OR NON-FINANCIAL) SPECIFY:

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WORKSHEET A-8-2

PROVIDER-BASED PHYSICIAN ADJUSTMENTS

	WKST A LINE NO. 1	COST CENTER/ PHYSICIAN IDENTIFIER 2		TOTAL REMUNERA- TION INCL FRINGES 3	PROFES- SIONAL COMPONENT 4	PROVIDER COMPONENT 5	RCE AMOUNT 6	PHYSICIAN/ PROVIDER COMPONENT HOURS 7	UNAD- JUSTED RCE LIMIT 8	PERCENT OF UNAD- JUSTED RCE LIMIT 9
1	6	ADMINISTRATIVE & GENERAL		1839981	1746936	93043	177800	204	17438	872
3	25 29.10	ADULTS & PEDIATRICS	AGGREGATE AGGREGATE	1391051 366344	1379801 366344	11250	177800	1	86	4
4	31	SUBPROVIDER I	AGGREGATE	31200	300344	31200	177800	1	86	4
5	37	OPERATING ROOM		74613		74613	177800	647	55306	2765
6	39	DELIVERY ROOM & LABOR RO		64500		64500	177800	1	86	4
7	40	ANESTHESIOLOGY		10000		10000	177800	1	86	4
8	41	RADIOLOGY-DIAGNOSTIC		183		183	177800	1	86	4
9	42	RADIOLOGY-THERAPEUTIC	AGGREGATE	105000	105000					
10	43.30	CATH LAB		35978		35978	177800	1	86	4
11	44	LABORATORY		25000		25000	177800	532	45476	2274
12	49	RESPIRATORY THERAPY		90000		90000	177800	501	42826	2141
13	53	ELECTROCARDIOLOGY		130872		130872	177800	1291	110356	5518
14	57	RENAL DIALYSIS		22100		22100	177800	144	12309	615
15	60	CLINIC		3943		3943	177800	1	86	4
16	61	EMERGENCY		38500		38500	177800	1344	114886	5744
17	63.10	WOUND CARE CENTER		40800		40800	177800	1	86	4
101		TOTAL		4270065	3598081	671982		4671	399285	19961

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PROVIDER-BASED PHYSICIAN ADJUSTMENTS

1	WKST			COST OF	PROVIDER	PHYSICIAN	PROVIDER			
	A	COST CENTER/		MEMBERSHIP	COMPONENT	COST OF	COMPONENT	ADJUSTED	RCE	
	LINE	PHYSICIAN IDENTIFIER		& CONTIN.	SHARE OF	MALPRACTICE	SHARE OF	RCE	DIS-	ADJUST-
	NO.			EDUCATION	COLUMN 12	INSURANCE	COLUMN 14	LIMIT	ALLOWANCE	MENT
	10	11		12	13	14	15	16	17	18
1	6	ADMINISTRATIVE & GENERAL	AGGREGATE					17438	75605	1822543
2	25	ADULTS & PEDIATRICS	AGGREGATE					86	11164	1390965
3	29.10	NICU	AGGREGATE							366344
4	31	SUBPROVIDER I						86	31114	31114
5	37	OPERATING ROOM						55306	19307	19307
6	39	DELIVERY ROOM & LABOR RO						86	64414	64414
7	40	ANESTHESIOLOGY						86	9914	9914
8	41	RADIOLOGY-DIAGNOSTIC						86	97	97
9	42	RADIOLOGY-THERAPEUTIC	AGGREGATE							105000
10	43.30	CATH LAB						86	35892	35892
11	44	LABORATORY						45476		
12	49	RESPIRATORY THERAPY						42826	47174	47174
13	53	ELECTROCARDIOLOGY						110356	20516	20516
14	57	RENAL DIALYSIS						12309	9791	9791
15	60	CLINIC						86	3857	3857
16	61	EMERGENCY						114886		
17	63.10	WOUND CARE CENTER						86	40714	40714
101		TOTAL						399285	369559	3967642

COST ALLOCATION - GENERAL SERVICE COSTS

	COST CENTER DESCRIPTION		NEW CAP- REL COSTS BLDG&FIXT 3	NEW CAP- REL COSTS MOV EQUIP 4	EMPLOYEE BENEFITS	SUBTOTAL 5A	ADMINI- STRATIVE & GENERAL 6	OPERATION OF PLANT 8	LAUNDRY AND LINEN SERVICE 9	ī
	GENERAL SERVICE COST CENTERS									
1	OLD CAP REL COSTS-BLDG & FIXT									1
2	OLD CAP REL COSTS-MVBLE EQUIP									2
3	NEW CAP REL COSTS-BLDG & FIXT	8165716	8165716							3
4 5	NEW CAP REL COSTS-MVBLE EQUIP EMPLOYEE BENEFITS	6631247 2163431	90481	6631247 11272	2265184					4 5
6	ADMINISTRATIVE & GENERAL	27717014	876829	885829	341198	29820870	29820870			6
7	MAINTENANCE & REPAIRS									7
8	OPERATION OF PLANT	7473355	2030498	292257	102787	9898897	2239111	12138008		8
9	LAUNDRY & LINEN SERVICE	581017	113429	2153	9976	706575	159826	266415	1132816	9
10 11	HOUSEKEEPING DIETARY	2684588 1481428	146646 133792	19889 8693	91254 39473	2942377 1663386	665560 376255	344432 314240	15040	10 11
12	CAFETERIA	721700	143985	8693	39473	913843	206709	338182		12
13	MAINTENANCE OF PERSONNEL	,22,00	113303	0033	33 103	713013	200703	330102		13
14	NURSING ADMINISTRATION	1971874	27658	34165	41323	2075020	469365	64961		14
15	CENTRAL SERVICES & SUPPLY									15
16 17	PHARMACY	2168906	70044	146268 44810	41067 41087	2426285 2283774	548821	164514		16 17
18	MEDICAL RECORDS & LIBRARY SOCIAL SERVICE	2112318 729700	85559 25309	44010	18258	773267	516585 174911	200955 59445		18
20	NONPHYSICIAN ANESTHETISTS	725700	23303		10250	775207	1,1511	33113		20
21	NURSING SCHOOL									21
22	I&R SERVICES-SALARY & FRINGES A	227949	38301			266250	60225	89959		22
23	I&R SERVICES-OTHER PRGM COSTS A									23 24
24	PARAMED ED PRGM-(SPECIFY) INPATIENT ROUTINE SERV COST CENTE	29.								24
25	ADULTS & PEDIATRICS	20228326	1334182	370200	456651	22389359	5064471	3133630	475004	25
26	INTENSIVE CARE UNIT	6269763	141300	227641	115664	6754368	1527825	331874	73778	26
27	CORONARY CARE UNIT									27
29	SURGICAL INTENSIVE CARE UNIT	1225651	12002	49797	22246	1421006	201620	20740	F064	29
29.10 31	SUBPROVIDER I	1335651 1493909	13092 172268	10194	23346 30578	1421886 1706949	321628 386108	30749 404610	5064 16286	29.10 31
33	NURSERY	635506	13542	10194	12667	661715	149679	31805	10200	33
	ANCILLARY SERVICE COST CENTERS									
37	OPERATING ROOM	12812319	403474	821090	98881	14135764	3197482	947650		37
39	DELIVERY ROOM & LABOR ROOM	2372093	140363	196310	52815	2761581	624664	329674	62141	39
40 41	ANESTHESIOLOGY RADIOLOGY-DIAGNOSTIC	472166 3474982	2623 267646	144383 1025006	4360 58320	623532 4825954	141042 1091621	6162 628627	19516	40
	BREAST HEALTH CENTER	3474302	207040	1023000	30320	4023334	1001021	020027	17510	41.01
42		1917928	406509	175684	23610	2523731	570863	954780	20405	
43	RADIOISOTOPE	1507818	75753	171789	12033	1767393	399781	177923	12805	
	ULTRASOUND	1977341	13167	168129	23307	2181944	493551	30925		43.10
	CT SCAN CATH LAB	1694816 591387	23435 7995	378001 113029	19152 5925	2115404 718336	478500 162486	55043 18778	24605	43.20 43.30
44	LABORATORY	8684189	164335	237591	118477	9204592	2082060	385979		44
	BLOOD CLOTTING FACTORS ADMIN CO	0001103	101333	23,371	1101//	2201332	2002000	303373		46.30
49	RESPIRATORY THERAPY	2436135	97639	73932	48265	2655971	600775	229328	299	49
	SLEEP LAB	209250	0.1.00.1	14097	5593	228940	51786	0.454.4	2152	49.01
50 51	PHYSICAL THERAPY OCCUPATIONAL THERAPY	1555458	91331	20821	29892	1697502	383972	214511	20352	50 51
52	SPEECH PATHOLOGY	200534	8919	1133	2745	213331	48255	20949		52
53	ELECTROCARDIOLOGY	1305544	64210	60086	23744	1453584	328798	150812	5987	
	C-PORT									53.01
54	ELECTROENCEPHALOGRAPHY	80307	19488	18037	2128	119960	27135	45772	1285	54
55 56	MEDICAL SUPPLIES CHARGED TO PAT DRUGS CHARGED TO PATIENTS	1102175 7102352	97015	81595	13904	1294689 7102352	292856 1606538	227861	97	55 56
57	RENAL DIALYSIS	704354	4722	30239	9895	749210	169470	11091	10612	57
58	ASC (NON-DISTINCT PART)	975891		26284	19792	1021967	231167			58
	GI LAB	1631078	54041	237302	24918	1947339	440484	126928	25095	
	ENTEROSTOMAL THERAPY									59
59.10	NEUROLOGY									59.10 59.20
	OUTSIDE SERVICES	622954		181604	7003	811561	183573		2849	59.20
	AUDIOLOGY	022331		101001	, 003	011001	100070		2017	59.40
	OUTPATIENT SERVICE COST CENTERS									
	CLINIC	361556	57102			430407		134117	1499	
	PALOS DIAGNOSTIC CENTER	361556 250527 5366565	147650	21303 194664		278253 5805597		346809	160139	60.01
	EMERGENCY OBSERVATION BEDS (NON-DISTINCT	2300202	147658	194004	96710	200223/	1313214	340809	100139	61 62
		1127250	193954	5058	25787	1352049	305831	455546	406	
63.10	WOUND CARE CENTER		14991	25311	8963	505691	114386	35209		63.10
63.50										63.50
63.60	FQHC OTHER REIMBURSABLE COST CENTERS									63.60
69.10										69.10
	OUTPATIENT PHYSICAL THERAPY									69.20

PROVIDER NO. 14-0179 LITTLE COMPANY OF MARY PERIOD FROM 07/01/2007 TO 06/30/2008

KPMG LLP COMPU-MAX MICRO SYSTEM IN LIEU OF FORM CMS-2552-96 (9/97) VERSION: 2008.05 11/30/2008 12:00

COST ALLOCATION - GENERAL SERVICE COSTS

	COST CENTER DESCRIPTION	NET EXP FOR COST ALLOCATION 0	NEW CAP- REL COSTS BLDG&FIXT 3	NEW CAP- REL COSTS MOV EQUIP 4	EMPLOYEE BENEFITS	SUBTOTAL 5A	ADMINI- STRATIVE & GENERAL 6	OPERATION OF PLANT 8	LAUNDRY AND LINEN SERVICE 9	
	OUTPATIENT OCCUPATIONAL THERAPY OUTPATIENT SPEECH PATHOLOGY HOME HEALTH AGENCY	3038827	50906	46442	56371	3192546	722148	119564		69.30 69.40 71
85.02	SPECIAL PURPOSE COST CENTERS PANCREAS ACQUISITION INTESTINAL ACQUISITION									85.01 85.02
85.03 93 94	ISLET CELL ACQUISITION HOSPICE MOBILE MED	1474976 264305	13829	4811	26631 4214	1515436 273330	342789 61827	32480		85.03 93 94
95	SUBTOTALS NONREIMBURSABLE COST CENTERS	160564901	7878020	6589900	2242093	160212767	29494430	11462289	1132597	95
96 97.10	GIFT, FLOWER, COFFEE SHOP & CAN	308049	42686	4431	10062	42686 322542	9655 72958	100258	219	96 97.10
98 98.01	PHYSICIANS' PRIVATE OFFICES VACANT SPACE	782982	59588 179613	36916	13029	892515 179613	201885 40628	139956 421862		98 98.01
100 101 102	FUND DEVELOPMENT CROSS FOOT ADJUSTMENTS NEGATIVE COST CENTER		5809			5809	1314	13643		100 101 102
103	TOTAL	161655932	8165716	6631247	2265184	161655932	29820870	12138008	1132816	

COST ALLOCATION - GENERAL SERVICE COSTS

	COST CENTER DESCRIPTION	HOUSE- KEEPING	DIETARY	CAFETERIA		PHARMACY	RECORDS &		I/R-SALAR AND FRINGES	ĽΥ
		10	11	12	14	16	LIBRARY 17	18	22	
1 2 3 4 5 6 7 8 9	GENERAL SERVICE COST CENTERS OLD CAP REL COSTS-BLDG & FIXT OLD CAP REL COSTS-MVBLE EQUIP NEW CAP REL COSTS-MVBLE EQUIP NEW CAP REL COSTS-MVBLE EQUIP EMPLOYEE BENEFITS ADMINISTRATIVE & GENERAL MAINTENANCE & REPAIRS OPERATION OF PLANT LAUNDRY & LINEN SERVICE HOUSEKEEPING	3967409								1 2 3 4 5 6 7 8 9
11 12 13	DIETARY CAFETERIA MAINTENANCE OF PERSONNEL	111001 226171	2464882	1684905						11 12 13
14 15	NURSING ADMINISTRATION CENTRAL SERVICES & SUPPLY			44435	2653781					14 15
16 17 18 20 21 22	PHARMACY MEDICAL RECORDS & LIBRARY SOCIAL SERVICE NONPHYSICIAN ANESTHETISTS NURSING SCHOOL I&R SERVICES-SALARY & FRINGES A	40371 33733 35740		44160 44181 19633		3224151	3079228	1062996	416434	16 17 18 20 21
23 24	1&R SERVICES-SALARI & FRINGES A 1&R SERVICES-OTHER PRGM COSTS A PARAMED ED PRGM-(SPECIFY) INPATIENT ROUTINE SERV COST CENT	ERS							410434	23 24
25 26 27 29	ADULTS & PEDIATRICS INTENSIVE CARE UNIT CORONARY CARE UNIT SURGICAL INTENSIVE CARE UNIT			491039 124373	256372	296	442372 97874	907696 128770	186170	26 27 29
29.10 31 33	NICU SUBPROVIDER I NURSERY	239139	159112	25104 42437 13621	51747 87476 28077	114	17431 33065 15492			29.10 31 33
37 39 40 41		1456140 262297		106327 56792 4688 62712	9664	887 458 39983 440	316285 57821 73888 138202		230264	39 40 41
42 43 43.10 43.20	BREAST HEALTH CENTER RADIOLOGY-THERAPEUTIC RADIOISOTOPE ULTRASOUND CT SCAN CATH LAB	216059 48553 8414 15052 4631		25387 12939 25062 20594 6372	52332	218 36 121 73 83	93342 55357 78870 215493 25436			41.01 42 43 43.10 43.20 43.30
44 46.30		168586 56273		127398 51899	106981	675 1225	416609 112849			44 46.30 49
	SLEEP LAB	128833		6014 32143	100901	5 40	4526 32845			49.01 50
51 52 53	OCCUPATIONAL THERAPY SPEECH PATHOLOGY ELECTROCARDIOLOGY C-PORT	41143		2951 25532		70	5426 86613			51 52 53 53.01
54 55 56 57	ELECTROENCEPHALOGRAPHY MEDICAL SUPPLIES CHARGED TO PAT DRUGS CHARGED TO PATIENTS RENAL DIALYSIS	125359		2288 14951 10640	4717	27 3121649 1095	5646 9400 347210 12033			54 55 56 57
58 58.10 59	ASC (NON-DISTINCT PART) GI LAB ENTEROSTOMAL THERAPY NEUROLOGY	31108		21282 26794	55231	232 2535	513 77099			58 58.10 59 59.10
59.20 59.30	EMG OUTSIDE SERVICES AUDIOLOGY			7530		8	18543			59.20 59.30 59.40
60 60.01	OUTPATIENT SERVICE COST CENTERS CLINIC PALOS DIAGNOSTIC CENTER	125359		8002 6906	16494	2272	4669 5306			60 60.01
61 62	EMERGENCY OBSERVATION BEDS (NON-DISTINCT	392055	70054	103992	214361	4864	241247	26530		61 62
63.10 63.50	FQHC	88461 32884	72954	27728 9638	57157 19866		18675 19091			63.10 63.50 63.60
	OTHER REIMBURSABLE COST CENTERS CMHC OUTPATIENT PHYSICAL THERAPY									69.10 69.20

PROVIDER NO. 14-0179 LITTLE COMPANY OF MARY PERIOD FROM 07/01/2007 TO 06/30/2008

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COST ALLOCATION - GENERAL SERVICE COSTS

	COST CENTER DESCRIPTION	HOUSE- KEEPING 10	DIETARY 11	CAFETERIA	NURSING ADMINI- STRATION 14	PHARMACY 16	MEDICAL RECORDS & LIBRARY 17	SOCIAL SERVICE	I/R-SALARY AND FRINGES 22
	OUTPATIENT OCCUPATIONAL THERAPY OUTPATIENT SPEECH PATHOLOGY HOME HEALTH AGENCY SPECIAL PURPOSE COST CENTERS				124949	40637			69.30 69.40 71
85.02 85.03	PANCREAS ACQUISITION INTESTINAL ACQUISITION ISLET CELL ACQUISITION								85.01 85.02 85.03
93 94	HOSPICE MOBILE MED			4531	59028 9341	667			93 94
95	SUBTOTALS	3887362	2464882	1660075	2631478	3224151	3079228	1062996	416434 95
96	NONREIMBURSABLE COST CENTERS GIFT, FLOWER, COFFEE SHOP & CAN	60209							96
97.10	ADULT DAY CARE	10961		10820	22303				97.10
98	PHYSICIANS' PRIVATE OFFICES	8877		14010					98
98.01	VACANT SPACE								98.01
100	FUND DEVELOPMENT								100 101
101 102	CROSS FOOT ADJUSTMENTS NEGATIVE COST CENTER								101
103	TOTAL	3967409	2464882	1684905	2653781	3224151	3079228	1062996	416434 103

COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B PART I

	COST CENTER DESCRIPTION	SUBTOTAL	I&R COST & POST STEP- DOWN ADJS 26	TOTAL	
		25	20	21	
1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16	GENERAL SERVICE COST CENTERS OLD CAP REL COSTS-BLDG & FIXT OLD CAP REL COSTS-MVBLE EQUIP NEW CAP REL COSTS-MVBLE EQUIP NEW CAP REL COSTS-MVBLE EQUIP EMPLOYEE BENEFITS ADMINISTRATIVE & GENERAL MAINTENANCE & REPAIRS OPERATION OF PLANT LAUNDRY & LINEN SERVICE HOUSEKEEPING DIETARY CAFETERIA MAINTENANCE OF PERSONNEL NURSING ADMINISTRATION CENTRAL SERVICES & SUPPLY PHARMACY				
17 18	MEDICAL RECORDS & LIBRARY SOCIAL SERVICE				
20	NONPHYSICIAN ANESTHETISTS				
21	NURSING SCHOOL				
22 23	I&R SERVICES-SALARY & FRINGES A I&R SERVICES-OTHER PRGM COSTS A				
24	PARAMED ED PRGM-(SPECIFY)				
25	INPATIENT ROUTINE SERV COST CENTE ADULTS & PEDIATRICS	36060536	-186170	35874366	
26	INTENSIVE CARE UNIT	9572790		9572790	
27 29	CORONARY CARE UNIT SURGICAL INTENSIVE CARE UNIT NICU SUBPROVIDER I NURSERY ANCILLARY SERVICE COST CENTERS				
29.10	NICU	1874371		1874371	
31 33	SUBPROVIDER I	3075296		3075296 900389	
33	ANCILLARY SERVICE COST CENTERS	300303		300303	
37 39	ANCILLARY SERVICE COST CENTERS OPERATING ROOM DELIVERY ROOM & LABOR ROOM ANESTHESIOLOGY	20752115	-230264	20521851	
40	ANESTHESIOLOGY	898959		898959	
41 01	RADIOLOGY-DIAGNOSTIC	7158637		7158637	
42	DELIVERY ROOM & LABOR ROOM ANESTHESIOLOGY RADIOLOGY-DIAGNOSTIC BREAST HEALTH CENTER RADIOLOGY-THERAPEUTIC RADIOISOTOPE ULTRASOUND CT SCAN CATH LAB LABORATORY BLOOD CLOTTING FACTORS ADMIN CO	4457117		4457117	
43	RADIOISOTOPE	2474787		2474787	
43.10	CT SCAN	2845226 2924764		2845226	
43.30	CATH LAB	936122		936122	
44	LABORATORY BLOOD CLOTTING FACTORS ADMIN CO	12385899		12385899	
49	RESPIRATORY THERAPY	3815600		3815600	
49.01	RESPIRATORY THERAPY SLEEP LAB PHYSICAL THERAPY OCCUPATIONAL THERAPY	293423		293423	
50 51	OCCUPATIONAL THERAPY	2510198		2510198	
52	PHYSICAL THERAPY OCCUPATIONAL THERAPY SPEECH PATHOLOGY ELECTROCARDIOLOGY C-PORT ELECTROENCEPHALOGRAPHY MEDIAL CURPLES CHARGED TO DATE	290912		290912	
53 53.01	ELECTROCARDIOLOGY C-PORT	2092539		2092539	
54	C_PORT ELECTROENCEPHALOGRAPHY MEDICAL SUPPLIES CHARGED TO PAT DRUGS CHARGED TO PATIENTS RENAL DIALYSIS	206803		206803	
55 56	MEDICAL SUPPLIES CHARGED TO PAT	1965240		1965240 12177749	
50 57	RENAL DIALYSIS	964151		964151	
50	ASC (NON-DISTINCT PART)	12/5101		1275161	
	GI LAB ENTEROSTOMAL THERAPY	2732613		2732613	
59.10	NEUROLOGY				
59.20		1004064		1024064	
	OUTSIDE SERVICES AUDIOLOGY	1024064		1024064	
	OUTPATIENT SERVICE COST CENTERS				
	CLINIC	820176		820176 353405	
	PALOS DIAGNOSTIC CENTER EMERGENCY	353405 8608808		353405 8608808	
62	OBSERVATION BEDS (NON-DISTINCT				
63 10	OUTPATIENT REHAB WOUND CARE CENTER	2379024 746865		2379024 746865	
63.10		740805		740805	
63.60	FQHC				
69.10	OTHER REIMBURSABLE COST CENTERS				
	OUTPATIENT PHYSICAL THERAPY				

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COST ALLOCATION - GENERAL SERVICE COSTS

	COST CENTER DESCRIPTION	SUBTOTAL	I&R COST POST STEP	- TOTAL	
		25	DOWN ADJS 26	27	
	OUTPATIENT OCCUPATIONAL THERAPY OUTPATIENT SPEECH PATHOLOGY				
71	HOME HEALTH AGENCY SPECIAL PURPOSE COST CENTERS	4199844		4199844	
85.02	PANCREAS ACQUISITION INTESTINAL ACQUISITION ISLET CELL ACQUISITION				
93	HOSPICE	1949733		1949733	
94	MOBILE MED	349696		349696	
95	SUBTOTALS	159083209	-416434	158666775	
	NONREIMBURSABLE COST CENTERS	0.1.000.0		0.0000	
96	GIFT, FLOWER, COFFEE SHOP & CAN	212808		212808	
97.10	ADULT DAY CARE	439803		439803	
98.01	PHYSICIANS' PRIVATE OFFICES VACANT SPACE	1257243 642103		1257243 642103	
100	FUND DEVELOPMENT	20766		20766	
101	CROSS FOOT ADJUSTMENTS	20700		20700	
102	NEGATIVE COST CENTER				
103	TOTAL	161655932	-416434	161239498	

ALLOCATION OF NEW CAPITAL RELATED COSTS

	COST CENTER DESCRIPTION	DIR ASSGND CAP-REL COSTS 0	REL COSTS	NEW CAP- REL COSTS MOV EQUIP 4		EMPLOYEE BENEFITS	ADMINI- STRATIVE & GENERAL 6	OPERATION OF PLANT 8	LAUNDRY AND LINEN SERVICE 9	
	GENERAL SERVICE COST CENTERS									
1	OLD CAP REL COSTS-BLDG & FIXT									1
2	OLD CAP REL COSTS-MVBLE EQUIP NEW CAP REL COSTS-BLDG & FIXT									2
4	NEW CAP REL COSTS-BLDG & FIXI NEW CAP REL COSTS-MVBLE EQUIP									4
5	EMPLOYEE BENEFITS	1288	90481	11272	103041	103041				5
6	ADMINISTRATIVE & GENERAL	433530	876829	885829	2196188	15521	2211709			6
7	MAINTENANCE & REPAIRS	51.40				4686		0400540		7
8 9	OPERATION OF PLANT	5148	2030498 113429	292257 2153	2327903 115582	4676 454	166064 11854	2498643 54842	182732	8 9
10	LAUNDRY & LINEN SERVICE HOUSEKEEPING	2407	146646	19889	168942	4151	49361	70902	2426	10
11	DIETARY	1031	133792	8693	143516	1796	27905	64687	2120	11
12	CAFETERIA	882	143985	8693	153560	1795	15331	69616		12
13 14	MAINTENANCE OF PERSONNEL	1740	27658	34165	63563	1880	34811	13372		13 14
15	NURSING ADMINISTRATION CENTRAL SERVICES & SUPPLY	1/40	2/050	34105	03303	1000	34011	13372		15
16	PHARMACY	536	70044	146268	216848	1868	40703	33866		16
17	MEDICAL RECORDS & LIBRARY	389	85559	44810	130758	1869	38313	41367		17
18	SOCIAL SERVICE		25309		25309	831	12972	12237		18
20 21	NONPHYSICIAN ANESTHETISTS NURSING SCHOOL									20 21
22	I&R SERVICES-SALARY & FRINGES A		38301		38301		4467	18518		22
23	I&R SERVICES-OTHER PRGM COSTS A									23
24	PARAMED ED PRGM-(SPECIFY)									24
25	INPATIENT ROUTINE SERV COST CENTE		1334182	270200	1706606	20772	275646	645067	76620	٥٢
25 26	ADULTS & PEDIATRICS INTENSIVE CARE UNIT	2244 767	141300	370200 227641	1706626 369708	20772 5261	375646 113311	645067 68317	76620 11901	25 26
27	CORONARY CARE UNIT	, , ,	111300	22,011	303,00	3201	113011	00317	11701	27
29	SURGICAL INTENSIVE CARE UNIT									29
	NICU	80	13092	49797	62969	1062	23854	6330	817	
31 33	SUBPROVIDER I NURSERY	252	172268 13542	10194	182714 13542	1391 576	28636 11101	83290 6547	2627	31 33
33	ANCILLARY SERVICE COST CENTERS		13342		13342	570	11101	0347		33
37	OPERATING ROOM	2862	403474	821090	1227426	4498	237142	195076	22929	37
39	DELIVERY ROOM & LABOR ROOM	966	140363	196310	337639	2403	46328	67864	10024	39
40 41	ANESTHESIOLOGY RADIOLOGY-DIAGNOSTIC	105 2058	2623 267646	144383 1025006	147111 1294710	198 2653	10460 80960	1268 129405	3148	40
	BREAST HEALTH CENTER	2036	207040	1023000	1294/10	2055	80900	129403	3140	41.01
42	RADIOLOGY-THERAPEUTIC	1338	406509	175684	583531	1074	42338	196544	3292	42
43	RADIOISOIOPE	944	75753	171789	248486	547	29650	36626		43
	ULTRASOUND CT SCAN	420 259	13167 23435	168129 378001	181716 401695	1060 871	36604 35488	6366 11331	4249 3969	43.10 43.20
	CATH LAB	388	7995	113029	121412	270	12051	3866	3909	43.30
44	LABORATORY	3849	164335	237591	405775	5389	154416	79455		44
	BLOOD CLOTTING FACTORS ADMIN CO									46.30
49	RESPIRATORY THERAPY SLEEP LAB	69132 206	97639	73932 14097	240703 14303	2196 254	44557 3841	47208	48 347	49 49.01
50	PHYSICAL THERAPY	322	91331	20821	112474	1360	28477	44158	3283	
51	OCCUPATIONAL THERAPY									51
52	SPEECH PATHOLOGY	294	8919	1133	10346	125	3579	4312		52
53	ELECTROCARDIOLOGY C-PORT	3389	64210	60086	127685	1080	24385	31045	966	53 53.01
54	ELECTROENCEPHALOGRAPHY	126	19488	18037	37651	97	2012	9422	207	
55	MEDICAL SUPPLIES CHARGED TO PAT	94895	97015	81595	273505	632	21720	46906	16	
56	DRUGS CHARGED TO PATIENTS						119149			56
57	RENAL DIALYSIS		4722	30239	34961	450	12569	2283	1712	
	ASC (NON-DISTINCT PART) GI LAB	302	54041	26284 237302	26284 291645		17145 32669	26129	4048	58 58.10
	ENTEROSTOMAL THERAPY	302	31011	237302	271013	1133	32003	20123	1010	59
	NEUROLOGY									59.10
59.20		77868		181604	259472	319	13615		4.00	59.20 59.30
	OUTSIDE SERVICES AUDIOLOGY	//868		181604	259472	319	13015		460	59.30
33.10	OUTPATIENT SERVICE COST CENTERS									22.10
	CLINIC	147	57102	4308	61557	339	7221	27608	242	
	PALOS DIAGNOSTIC CENTER	0.60	145650	21303			4668	71392	25226	60.01
	EMERGENCY OBSERVATION BEDS (NON-DISTINCT	263	147658	194664	342585	4399	97395	/1392		61 62
	OUTPATIENT REHAB	648	193954	5058	199660	1173	22682	93775		
63.10	WOUND CARE CENTER	578	14991	25311	40880	408				63.10
63.50										63.50
03.60	FQHC OTHER REIMBURSABLE COST CENTERS									63.60
69.10	CMHC									69.10
69.20	OUTPATIENT PHYSICAL THERAPY									69.20

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ALLOCATION OF NEW CAPITAL RELATED COSTS

	COST CENTER DESCRIPTION	DIR ASSGND CAP-REL COSTS 0	NEW CAP- REL COSTS BLDG&FIXT 3	NEW CAP- REL COSTS MOV EQUIP 4	CAP REL COST TO BE ALLOC 4A	EMPLOYEE BENEFITS	ADMINI- STRATIVE & GENERAL 6	OPERATION OF PLANT 8	LAUNDRY AND LINEN SERVICE 9	
	OUTPATIENT OCCUPATIONAL THERAPY									69.30
69.40 71	OUTPATIENT SPEECH PATHOLOGY HOME HEALTH AGENCY	3257	50906	46442	100605	2564	53558	24613		69.40 71
/1	SPECIAL PURPOSE COST CENTERS	3237	50906	40442	100603	2504	33336	24013		/ 1
85.01	PANCREAS ACQUISITION									85.01
85.02	INTESTINAL ACQUISITION									85.02
85.03	ISLET CELL ACQUISITION									85.03
93	HOSPICE	105738	13829		119567	1211	25423	6686		93
94	MOBILE MED	284		4811	5095	192	4585			94
95	SUBTOTALS	820932	7878020	6589900	15288852	101990	2187499	2359544	182697	95
	NONREIMBURSABLE COST CENTERS									
96	GIFT, FLOWER, COFFEE SHOP & CAN		42686		42686		716	20638		96
97.10	ADULT DAY CARE	400		4431	4831	458	5411		35	97.10
98	PHYSICIANS' PRIVATE OFFICES	1104	59588	36916	97608	593	14973	28810		98
98.01	VACANT SPACE		179613		179613		3013	86842		98.01
100	FUND DEVELOPMENT		5809		5809		97	2809		100
101	CROSS FOOT ADJUSTMENTS									101
102	NEGATIVE COST CENTER									102
103	TOTAL	822436	8165716	6631247	15619399	103041	2211709	2498643	182732	103

ALLOCATION OF NEW CAPITAL RELATED COSTS

	COST CENTER DESCRIPTION	HOUSE- KEEPING	DIETARY	CAFETERIA		PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	I/R-SALARY AND FRINGES
		10	11	12	14	16	17	18	22
1	GENERAL SERVICE COST CENTERS DLD CAP REL COSTS-BLDG & FIXT DLD CAP REL COSTS-MVBLE EQUIP NEW CAP REL COSTS-MVBLE EQUIP NEW CAP REL COSTS-MVBLE EQUIP MPLOYEE BENEFITS ADMINISTRATIVE & GENERAL MAINTENANCE & REPAIRS DPERATION OF PLANT LAUNDRY & LINEN SERVICE HOUSEKEEPING DIETARY DAFFTERIA MAINTENANCE OF PERSONNEL MURSING ADMINISTRATION CENTRAL SERVICES & SUPPLY HARMACY MEDICAL RECORDS & LIBRARY SOCIAL SERVICE NURSING SCHOOL	295782 8275 16862 3010 2515 2664	246179	257164 6782 6740 6743 2997	120408	303035	221565	57010	1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 20 21
23 I 24 I	LER SERVICES-SALARY & FRINGES A L&R SERVICES-OTHER PRGM (COSTS A PARAMED ED PRGM-(SPECIFY) INPATIENT ROUTINE SERV COST CENTE	DC							61286 22 23 24
25 A 26 I 27 C	ADULTS & PEDIATRICS INTENSIVE CARE UNIT CORONARY CARE UNIT SURGICAL INTENSIVE CARE UNIT		195311 27691	74946 18983	45927 11632	288 28	32032 7035	48681 6906	25 26 27 29
29.10 h 31 s 33 h		17829	15891	3832 6477 2079	2348 3969 1274	72 11	1253 2377 1114		29.10 31 33
37 0 39 I 40 2 41 F	DEFRATING ROOM DELIVERY ROOM & LABOR ROOM AMESTHESIOLOGY RADIOLOGY-DIAGNOSTIC BREAST HEALTH CENTER	108559 19555		16228 8668 716 9572	9944 5312 438 5865	83 43 3758 41	22734 4156 5311 9934		37 39 40 41 41.01
42 F 43 F 43.10 U 43.20 C 43.30 C		16108 3620 627 1122 345 12569		3875 1975 3825 3143 973 19445	2374	20 3 11 7 8 63	6709 3979 5669 15489 1828 29945		42 43 43.10 43.20 43.30
46.30 E	BLOOD CLOTTING FACTORS ADMIN CO RESPIRATORY THERAPY	4195		7921	4854		8111		46.30 49
50 I	SLEEP LAB PHYSICAL THERAPY DCCUPATIONAL THERAPY	9605		918 4906		4	325 2361		49.01 50 51
52 S 53 I 53.01 C	SPEECH PATHOLOGY ELECTROCARDIOLOGY C-PORT	3067		450 3897		7	390 6226		52 53 53.01
55 N 56 I 57 F	ELECTROENCEPHALOGRAPHY MEDICAL SUPPLIES CHARGED TO PAT DRUGS CHARGED TO PATIENTS RENAL DIALYSIS ASC (NON-DISTINCT PART)	9346		349 2282 1624 3248	214	3 293401 103 22	406 676 24957 865 37		54 55 56 57 58
58.10 (59 I	GI LAB ENTEROSTOMAL THERAPY NEUROLOGY	2319		4090	2506	238	5542		58.10 59 59.10 59.20
59.40 A	OUTSIDE SERVICES AUDIOLOGY OUTPATIENT SERVICE COST CENTERS			1149		1	1333		59.30 59.40
60 0 60.01 I	CLINIC PALOS DIAGNOSTIC CENTER	9346		1221 1054	748	214	336 381	1402	60 60.01
62 (63 (29229 6595 2452	7286	15872 4232 1471	9726 2593 901	457 20 132	17340 1342 1372	1423	61 62 63 63.10 63.50 63.60
69.10 (THER REIMBURSABLE COST CENTERS								69.10 69.20

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KPMG LLP COMPU-MAX MICRO SYSTEM IN LIEU OF FORM CMS-2552-96 (9/96) VERSION: 2008.05 11/30/2008 12:00

ALLOCATION OF NEW CAPITAL RELATED COSTS

	COST CENTER DESCRIPTION	HOUSE- KEEPING	DIETARY	CAFETERIA	NURSING ADMINI- STRATION	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	I/R-SALARY AND FRINGES
		10	11	12	14	16	17	18	22
	OUTPATIENT OCCUPATIONAL THERAPY OUTPATIENT SPEECH PATHOLOGY HOME HEALTH AGENCY				5669	3819			69.30 69.40 71
85.02	SPECIAL PURPOSE COST CENTERS PANCREAS ACQUISITION INTESTINAL ACQUISITION								85.01 85.02
93	ISLET CELL ACQUISITION HOSPICE				2678				85.03 93
94	MOBILE MED			692	424	63			94
95	SUBTOTALS	289814	246179	253375	119396	303035	221565	57010	95
96	NONREIMBURSABLE COST CENTERS GIFT, FLOWER, COFFEE SHOP & CAN	4489							96
	ADULT DAY CARE PHYSICIANS' PRIVATE OFFICES	817 662		1651 2138	1012				97.10 98 98.01
100 101 102	FUND DEVELOPMENT CROSS FOOT ADJUSTMENTS NEGATIVE COST CENTER								100 61286 101 102
103	TOTAL	295782	246179	257164	120408	303035	221565	57010	61286 103

ALLOCATION OF NEW CAPITAL RELATED COSTS

1 OI 2 OI 3 NE	COST CENTER DESCRIPTION	SUBTOTAL	I&R COST & POST STEP- DOWN ADJS 26	TOTAL		
1 OI 2 OI 3 NE		25	26	27		
2 OI 3 NE	ENERAL SERVICE COST CENTERS					
3 NE	LD CAP REL COSTS-BLDG & FIXT					
	LD CAP REL COSTS-MVBLE EQUIP					
4 NF	EW CAP REL COSTS-BLDG & FIXT					
747	EW CAP REL COSTS-MVBLE EQUIP					
5 EM	MPLOYEE BENEFITS					
6 AI	DMINISTRATIVE & GENERAL					
7 MA	AINTENANCE & REPAIRS					
	PERATION OF PLANT					
	AUNDRY & LINEN SERVICE					
	OUSEKEEPING					
	IETARY					
	AFETERIA					
	AINTENANCE OF PERSONNEL					
	URSING ADMINISTRATION					
	ENTRAL SERVICES & SUPPLY					
	HARMACY					
	EDICAL RECORDS & LIBRARY					
	OCIAL SERVICE					
	ONPHYSICIAN ANESTHETISTS					
	URSING SCHOOL					
	&R SERVICES-SALARY & FRINGES A					
	&R SERVICES-OTHER PRGM COSTS A					
	ARAMED ED PRGM-(SPECIFY)					
TN	MDATTENT DOMITTNE SERV COST CENTER	2S				
25 AI	DULTS & PEDIATRICS NTENSIVE CARE UNIT ORONARY CARE UNIT	3221916		3221916		
26 IN	NTENSIVE CARE INTT	640773		640773		
27 CC	ORONARY CARE UNIT	0 10 / / 3		0 10 / / 0		
29 SU	URGICAL INTENSIVE CARE UNIT ICU UBPROVIDER I URSERY NCILLARY SERVICE COST CENTERS PERATING ROOM ELIVERY ROOM & LABOR ROOM NESTHESIOLOGY ADIOLOGY-DIAGNOSTIC REAST HEALTH CENTER ADIOLOGY-THERAPEUTIC ADIOISOTOPE LITRASOUND T SCAN ATH LAB ABORATORY LOOD CLOTTING FACTORS ADMIN CO					
9 10 NT	TCII	102537		102537		
21 CT	TEDDOVIDED T	345212		345212		
13 MI	TDCFDV	36233		36333		
2 140	NCTLLADY SERVICE COST CENTERS	30233		30233		
7 OT	DEDATING DOOM	1844619		1844619		
, OF	FITTER ROOM & TAROR ROOM	482437		482437		
אל טו	MEGTHEGIOLOGY	169260		169260		
.U AIN	VESTUESTOROGI	165200		1656042		
.1 A1 DE	ADIOLOGI-DIAGNOSIIC	1333043		1333043		
ים בטיב.	ADIOLOGY WHED ADELWIG	055065		055065		
.2 R.F.	ADIOLOGI-INEKAPEUIIC	000000		226052		
.3 10 TTT	ADIOI SOTOPE	340934		240127		
.3.10 01	E CON	47211E		47211E		
.3.20 CI	I DUAN	1/0752		1/0752		
.3.30 CF	ALU PAD	707057		707057		
:4 LA	ABURATURY	/0/05/		/0/05/		
:6.30 BL	LOOD CLOTTING FACTORS ADMIN CO	250000		350000		
:9 KE	ESPIRATORY THERAPY	359908		359908		
9.01 SI	LEEP LAB	19988		19988 206628		
U PE	ABORATORY LOOD CLOTTING FACTORS ADMIN CO ESPIRATORY THERAPY LEEP LAB HYSICAL THERAPY CCUPATIONAL THERAPY PEECH PATHOLOGY LECTROCARDIOLOGY	206628		206628		
T OC	CCUPATIONAL THERAPY	10000		10000		
∠ SF	PEECH PATHOLOGY LECTROCARDIOLOGY -PORT LECTROENCEPHALOGRAPHY EDICAL SUPPLIES CHARGED TO PAT RUGS CHARGED TO PATIENTS ENAL DIALYSIS SC (NON-DISTINCT PART)	19202		19202 198358		
.3 EI	LECTROCARDIOLOGY	TA8328		TA8328		
3.U1 C-	-PURT	E00E0		E02E2		
4 EI	LECTROENCEPHALOGRAPHY	50358		50358		
5 ME	EDICAL SUPPLIES CHARGED TO PAT	355086		355086 437507		
6 DF	RUGS CHARGED TO PATIENTS	437507		437507		
7 RF	ENAL DIALYSIS	54567		54567		
				47636		
8.10 GI		370319		370319		
	NTEROSTOMAL THERAPY					
	EUROLOGY					
	UTSIDE SERVICES	276349		276349		
9.30 OT	UDIOLOGY					
9.30 OT 9.40 AT	UTPATIENT SERVICE COST CENTERS					
9.30 OU 9.40 AU OU	LINIC	108832		108832		
9.40 AU	ALOS DIAGNOSTIC CENTER	27698		27698		
59.30 OU 59.40 AU OU 50 CI	MERGENCY	615650		615650		
9.30 OU 9.40 AU OU 50 CI 50.01 PA	BSERVATION BEDS (NON-DISTINCT					
59.30 OU 59.40 AU OU 50 CI 50.01 PA		339423		339423		
59.30 OU 59.40 AU 50 CI 50.01 PA 51 EM 52 OE						
59.30 OU 59.40 AU 50 CI 50.01 PA 51 EM 52 OE	UTPATIENT REHAB	64750		04/50		
59.30 OU 59.40 AU 50.01 PA 51 EM 52 OE 53.10 WC	UTPATIENT REHAB OUND CARE CENTER			64750		
9.30 OU 9.40 AU 00 CI 0.01 PA 1 EM 2 OE 3.10 WC	UTPATIENT REHAB OUND CARE CENTER HC			64750		
9.30 OU 9.40 AU 0 CI 0.01 PA 1 EM 2 OE 3 OU 3.10 WC 3.50 RE 3.60 FQ	UTPATIENT REHAB OUND CARE CENTER HC QHC			64750		
9.30 OU 9.40 AU 0 CI 0.01 PA 1 EM 2 OE 3 OU 3.10 WC 3.50 RE 3.60 FQ	UTPATIENT REHAB OUND CARE CENTER HC QHC THER REIMBURSABLE COST CENTERS			64/50		

PROVIDER NO. 14-0179 LITTLE COMPANY OF MARY PERIOD FROM 07/01/2007 TO 06/30/2008

KPMG LLP COMPU-MAX MICRO SYSTEM IN LIEU OF FORM CMS-2552-96 (9/96) VERSION: 2008.05 11/30/2008 12:00

ALLOCATION OF NEW CAPITAL RELATED COSTS

	COST CENTER DESCRIPTION	SUBTOTAL	I&R COST & POST STEP- DOWN ADJS	TOTAL		
		25	26	27		
	OUTPATIENT OCCUPATIONAL THERAPY OUTPATIENT SPEECH PATHOLOGY HOME HEALTH AGENCY SPECIAL PURPOSE COST CENTERS	190828		190828		69.3 69.4 71
85.02	PANCREAS ACQUISITION INTESTINAL ACQUISITION ISLET CELL ACQUISITION					85.0 85.0 85.0
93	HOSPICE	155565		155565		93
94 95	MOBILE MED SUBTOTALS	11051 15052402	1	11051 .5052402		94 95
95	NONREIMBURSABLE COST CENTERS	15052402	1	.5052402		95
96	GIFT, FLOWER, COFFEE SHOP & CAN	68529		68529		96
97.10	ADULT DAY CARE	14215		14215		97.1
98	PHYSICIANS' PRIVATE OFFICES	144784		144784		98
98.01	VACANT SPACE	269468		269468		98.0
100	FUND DEVELOPMENT	8715		8715		100
101	CROSS FOOT ADJUSTMENTS	61286		61286		101
102	NEGATIVE COST CENTER					102
103	TOTAL	15619399	1	.5619399	<u> </u>	103

COST ALLOCATION - STATISTICAL BASIS WORKSHEET B-1

	COST CENTER DESCRIPTION		NEW CAP- REL COSTS BLDG&FIXT		EMPLOYEE BENEFITS		ADMINI- STRATIVE & GENERAL	OPERATION OF PLANT	
		(SQUARE FEET) 1	(SQUARE FEET)	DOLLAR VALUE 4	FTE'S SALARIES) 5		ACCUM COST 6	(SQUARE FEET) 8	
	GENERAL SERVICE COST CENTERS								
1	OLD CAP REL COSTS-BLDG & FIXT	653664							1
2	OLD CAP REL COSTS-MVBLE EQUIP								2
3 4	NEW CAP REL COSTS-BLDG & FIXT NEW CAP REL COSTS-MVBLE EQUIP		653664	6641211					3 4
5	EMPLOYEE BENEFITS	7243	7243	11289					5
6	ADMINISTRATIVE & GENERAL	70190	70190	887160		-29820870	131835062		6
7	MAINTENANCE & REPAIRS								7
8 9	OLD CAP REL COSTS-MVBLE EQUIP NEW CAP REL COSTS-BLDG & FIXT NEW CAP REL COSTS-MVBLE EQUIP EMPLOYEE BENEFITS ADMINISTRATIVE & GENERAL MAINTENANCE & REPAIRS OPERATION OF PLANT LAUNDRY & LINEN SERVICE HOUSEKEEPING DIETARY CAFETERIA MAINTENANCE OF PERSONNEL	162541	162541 9080				9898897 706575		8 9
10	HOUSEKEEPING	11739	11739				2942377		
11	DIETARY	10710	10710	8706	50881		1663386	10710	11
12	CAFETERIA	11526	11526	8706	50871		913843	11526	
13 14	MAINTENANCE OF PERSONNEL NURSING ADMINISTRATION	2214	2214	34216	53266		2075020	2214	13
15	CENTRAL SERVICES & SUPPLY	2214	2214	34210	33200		2073020	2211	15
16	PHARMACY	5607					2426285		
17 18	MEDICAL RECORDS & LIBRARY	6849 2026			52962 23535		2283774 773267		
20	SOCIAL SERVICE NONPHYSICIAN ANESTHETISTS	2026	2026		23535		113201	2026	20
21	NURSING SCHOOL								21
22	I&R SERVICES-SALARY & FRINGES	3066	3066				266250	3066	
23 24	I&R SERVICES-OTHER PRGM COSTS PARAMED ED PRGM-(SPECIFY)								23 24
24	INPATIENT ROUTINE SERV COST CENTERS								24
25	ADULTS & PEDIATRICS	106801					22389359	106801	25
26	INTENSIVE CARE UNIT	11311	11311	227983	149091		6754368	11311	
27 29	CORONARY CARE UNIT SURGICAL INTENSIVE CARE UNIT								27 29
29.10		1048	1048	49872	30093		1421886	1048	29.10
31	SUBPROVIDER I	13790					1706949		
33	NURSERY	1084	1084		16328		661715	1084	33
	ANCILLARY SERVICE COST CENTERS								
37	OPERATING ROOM	32298					14135764		
39	DELIVERY ROOM & LABOR ROOM	11236					2761581		
40 41	ANESTHESIOLOGY RADIOLOGY-DIAGNOSTIC	210 21425					623532 4825954		
				1020330	75175		4023734	21423	41.01
42	RADIOLOGY-THERAPEUTIC	32541	32541				2523731		
43	RADIOISOTOPE ULTRASOUND	6064	6064 1054				1767393 2181944		43 43.10
	CT SCAN	1876	1876				2115404		43.10
	BREAST HEALTH CENTER RADIOLOGY-THERAPEUTIC RADIOISOTOPE ULTRASOUND CT SCAN CATH LAB LABORATORY	640	640				718336		43.30
44	EnBoldfort	13155	13155	237948	152717		9204592	13155	
46.30 49	BLOOD CLOTTING FACTORS ADMIN RESPIRATORY THERAPY	7816	7816	74043	62214		2655971	7816	46.30
	CIEED IAD			14118			228940		49.01
50	PHYSICAL THERAPY	7311	7311	20852	38531		1697502	7311	
51 52	OCCUPATIONAL THERAPY SPEECH PATHOLOGY	71.4	714	1135	3538		213331	714	51
53	ELECTROCARDIOLOGY	5140	5140				1453584		
	C-PORT								53.01
54	ELECTROENCEPHALOGRAPHY	1560	1560				119960		
55 56	MEDICAL SUPPLIES CHARGED TO P DRUGS CHARGED TO PATIENTS	7766	7766	81718	17922		1294689 7102352		55 56
57	RENAL DIALYSIS	378	378	30284	12755		749210		
58	ASC (NON-DISTINCT PART)			26323			1021967		58
58.10 59	GI LAB	4326	4326	237658	32119		1947339	4326	58.10 59
	ENTEROSTOMAL THERAPY NEUROLOGY								59.10
59.20	EMG								59.20
	OUTSIDE SERVICES			181877	9027		811561		59.30
59.40	AUDIOLOGY OUTPATIENT SERVICE COST CENTERS								59.40
60	CLINIC	4571	4571	4314	9592		430407	4571	60
	PALOS DIAGNOSTIC CENTER			21335			278253		60.01
61 62	EMERGENCY OBSERVATION BEDS (NON-DISTINC	11820	11820	194956	124660		5805597	11820	61 62
63		15526	15526	5066	33239		1352049	15526	
63.10	WOUND CARE CENTER	1200					505691		63.10
63.50									63.50
63.60	FONC OTHER REIMBURSABLE COST CENTERS								63.60

 KPMG LLP COMPU-MAX MICRO SYSTEM
 VERSION: 2008.05

 IN LIEU OF FORM CMS-2552-96 (9/97)
 11/30/2008 12:00

WORKSHEET B-1

COST ALLOCATION - STATISTICAL BASIS

	COST CENTER DESCRIPTION	OLD CAP- REL COSTS BLDG&FIXT (SQUARE FEET)	NEW CAP- REL COSTS BLDG&FIXT (SQUARE FEET)	NEW CAP- REL COSTS MOV EQUIP DOLLAR VALUE	EMPLOYEE BENEFITS FTE'S SALARIES)	RECON- CILIATION	ADMINI- STRATIVE & GENERAL ACCUM COST	OPERATION OF PLANT (SQUARE FEET) 8	
		1	3	4	5	OA	0	0	
69.10	CMHC								69.10
69.20	OUTPATIENT PHYSICAL THERAPY								69.20
69.30	OUTPATIENT OCCUPATIONAL THERA								69.30
69.40	OUTPATIENT SPEECH PATHOLOGY								69.40
71	HOME HEALTH AGENCY	4075	4075	46512	72663		3192546	4075	71
	SPECIAL PURPOSE COST CENTERS								
	PANCREAS ACQUISITION								85.01
	INTESTINAL ACQUISITION								85.02
	ISLET CELL ACQUISITION								85.03
93	HOSPICE	1107	1107		34327		1515436	1107	
94	MOBILE MED			4818			273330		94
95	SUBTOTALS	630634	630634	6599802	2890070	-29820870	130391897	390660	95
0.6	NONREIMBURSABLE COST CENTERS	2415	2417				10000	2415	0.5
96	GIFT, FLOWER, COFFEE SHOP & C	3417	3417				42686		
	ADULT DAY CARE	4.550	4550	4438			322542		97.10
98	PHYSICIANS' PRIVATE OFFICES	4770			16794		892515	4770	
	VACANT SPACE	14378					179613		98.01
100 101	FUND DEVELOPMENT CROSS FOOT ADJUSTMENTS	465	465				5809	465	100
101	NEGATIVE COST CENTER								101
102	COST TO BE ALLOC PER B PT I		8165716	6631247	2265184		29820870	12138008	
103	UNIT COST MULT-WS B PT I		12.492222		.775792		.226198	12130000	103
104	UNIT COST MULT-WS B PT I		12.432222	.998500			.220190	29.340830	
105	COST TO BE ALLOC PER B PT II			. 556500				29.340030	105
106	UNIT COST MULT-WS B PT II								106
106	UNIT COST MULT-WS B PT II								106
107	COST TO BE ALLOC PER B PT III				103041		2211709	2498643	
108	UNIT COST MULT-WS B PT III				.035290		.016776		108
108	UNIT COST MULT-WS B PT III							6.039892	

COST ALLOCATION - STATISTICAL BASIS WORKSHEET B-1

	COST ALLOCATION - STATISTIC	CAL BASIS							WORKSHE	ET B-1
	COST CENTER DESCRIPTION	LAUNDRY AND LINEN SERVICE	HOUSE- KEEPING	DIETARY	CAFETERIA	NURSING ADMINI- STRATION	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	
		(POUNDS OF LAUNDRY) 9	(HOURS OF SERVICE) 10	(MEALS SERVED) 11	(MEALS SERVED) 12	(DIRECT NRSG HRS) 14	(COSTED REQUIS) 16	GROSS REVENUE 17	(TIME SPENT) 18	
	GENERAL SERVICE COST CENTERS									
1	OLD CAP REL COSTS-BLDG & FIXT									1
2	OLD CAP REL COSTS-MVBLE EQUIP									2
3	NEW CAP REL COSTS-BLDG & FIXT									3
4	NEW CAP REL COSTS-MVBLE EQUIP									4
5	EMPLOYEE BENEFITS									5
6 7	ADMINISTRATIVE & GENERAL MAINTENANCE & REPAIRS									6 7
8	OPERATION OF PLANT									8
9	LAUNDRY & LINEN SERVICE	466392								9
10	HOUSEKEEPING	6192								10
11	DIETARY		1438	202722	0010563					11
12 13	CAFETERIA MAINTENANCE OF PERSONNEL		2930		2019763					12 13
14	NURSING ADMINISTRATION				53266	1543285				14
15	CENTRAL SERVICES & SUPPLY									15
16	PHARMACY		523		52936		7335565			16
17	MEDICAL RECORDS & LIBRARY		437 463		52962			645326993		17
18 20	SOCIAL SERVICE NONPHYSICIAN ANESTHETISTS		403		23535				6571	20
21	NURSING SCHOOL									21
22	I&R SERVICES-SALARY & FRINGES									22
23	I&R SERVICES-OTHER PRGM COSTS									23
24	PARAMED ED PRGM-(SPECIFY)	DATES DO								24
25	INPATIENT ROUTINE SERV COST C: ADULTS & PEDIATRICS	195565		160833	588625	588625	6961	92758300	5611	25
26	INTENSIVE CARE UNIT	30375		22803	149091					
27	CORONARY CARE UNIT									27
29	SURGICAL INTENSIVE CARE UNIT	2225			2000	2000		0.550540		29
29.10 31	NICU SUBPROVIDER I	2085 6705	3098	13086	30093 50871					29.10 31
33	NURSERY	0703	3070	13000	16328			3246469		33
277	ANCILLARY SERVICE COST CENTER:		10064		107450	107450	2010	66270440		27
37 39	OPERATING ROOM DELIVERY ROOM & LABOR ROOM	58522 25584	18864		127458 68079					37 39
40	ANESTHESIOLOGY	25504			5620					40
41	RADIOLOGY-DIAGNOSTIC	8035	3398		75175					41
	BREAST HEALTH CENTER									41.01
42 43	RADIOLOGY-THERAPEUTIC RADIOISOTOPE	8401 5272	2799 629		30433 15511		495 81			42 43
	ULTRASOUND	10844	109		30043		275			43.10
	CT SCAN	10130	195		24687		166			43.20
	CATH LAB		60		7638		188			43.30
44	LABORATORY		2184		152717		1535	87302900		44
46.30	BLOOD CLOTTING FACTORS ADMIN RESPIRATORY THERAPY	123	729		62214	62214	2788	23648175		46.30 49
	SLEEP LAB	886	723		7209		11			49.01
50	PHYSICAL THERAPY	8379	1669		38531		91	6882898		50
51 52	OCCUPATIONAL THERAPY				3538		1	1127142		51 52
53	SPEECH PATHOLOGY ELECTROCARDIOLOGY	2465	533		30606		160			53
	C-PORT									53.01
	ELECTROENCEPHALOGRAPHY	529			2743			1183095		54
	MEDICAL SUPPLIES CHARGED TO P	40	1624		17922		61			55
	DRUGS CHARGED TO PATIENTS RENAL DIALYSIS	4369			12755		7102352	72759858 2521516		56 57
	ASC (NON-DISTINCT PART)	4302			25512		528			58
58.10	GI LAB	10332	403		32119	32119	5768	16156475		58.10
	ENTEROSTOMAL THERAPY									59
59.10	NEUROLOGY FMG									59.10 59.20
	OUTSIDE SERVICES	1173			9027		19	3885724		59.30
59.40	AUDIOLOGY									59.40
60	OUTPATIENT SERVICE COST CENTE	RS 617	1624		9592	0502	5169	978349		60
	PALOS DIAGNOSTIC CENTER	017	1024		8279		2103	1111821		60.01
61	EMERGENCY	65931	5079		124660		11067			61
	OBSERVATION BEDS (NON-DISTING		1145	C000	22022	22022	400	2012400		62
	OUTPATIENT REHAB WOUND CARE CENTER	167 3581			33239 11553					63 63.10
63.50		3331	120		11000	11000	5190	-300031		63.50
63.60										63.60
	OTHER REIMBURSABLE COST CENTE	KS								

COST ALLOCATION - STATISTICAL BASIS WORKSHEET B-1

	COST CENTER DESCRIPTION	LAUNDRY AND LINEN SERVICE	HOUSE- KEEPING	DIETARY	CAFETERIA	NURSING ADMINI- STRATION	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	
		(POUNDS OF LAUNDRY)	(HOURS OF SERVICE) 10	(MEALS SERVED) 11	(MEALS SERVED) 12	(DIRECT NRSG HRS) 14	(COSTED REQUIS) 16	GROSS REVENUE 17	(TIME SPENT) 18	
69.30	CMHC OUTPATIENT PHYSICAL THERAPY OUTPATIENT OCCUPATIONAL THERA OUTPATIENT SPEECH PATHOLOGY HOME HEALTH AGENCY SPECIAL PURPOSE COST CENTERS					72663	92458			69.10 69.20 69.30 69.40 71
85.02 85.03 93 94	PANCREAS ACQUISITION INTESTINAL ACQUISITION ISLET CELL ACQUISITION HOSPICE MOBILE MED				5432		1517			85.01 85.02 85.03 93 94
95 96	SUBTOTALS NONREIMBURSABLE COST CENTERS GIFT, FLOWER, COFFEE SHOP & C	466302	50360 780	202722	1989999	1530315	7335565	645326993	6571	95 96
97.10 98	ADULT DAY CARE PHYSICIANS' PRIVATE OFFICES VACANT SPACE FUND DEVELOPMENT CROSS FOOT ADJUSTMENTS NEGATIVE COST CENTER	90	142 115		12970 16794					96 97.10 98 98.01 100 101 102
103 104 104 105 106	COST TO BE ALLOC PER B PT I UNIT COST MULT-WS B PT I UNIT COST MULT-WS B PT I UNIT COST MULT-WS B PT I COST TO BE ALLOC PER B PT II UNIT COST MULT-WS B PT II UNIT COST MULT-WS B PT II	1132816 2.428892	3967409 77.191451	2464882 12.158927	1684905 .834209	1.719566	3224151	3079228 .004772	1062996 161.770811	103 104
107 108 108	COST TO BE ALLOC PER B PT III UNIT COST MULT-WS B PT III UNIT COST MULT-WS B PT III	182732 .391799	295782 5.754850	246179 1.214367	257164 .127324	.078021	303035	221565 .000343	57010 8.676001	107 108

COST ALLOCATION - STATISTICAL BASIS WORKSHEET B-1

COST CENTER DESCRIPTION

I/R-SALARY AND FRINGES (ASSIGNED TIME)

COST ALLOCATION - STATISTICAL BASIS WORKSHEET B-1

COST CENTER DESCRIPTION

I/R-SALARY AND FRINGES (ASSIGNED TIME)

	22	
69.20 69.30 69.40 71 85.01 85.02	CMHC OUTPATIENT PHYSICAL THERAPY OUTPATIENT OCCUPATIONAL THERA OUTPATIENT SPEECH PATHOLOGY HOME HEALTH AGENCY SPECIAL PURPOSE COST CENTERS PANCREAS ACQUISITION INTESTINAL ACQUISITION	69.10 69.20 69.30 69.40 71 85.01 85.02
	S ISLET CELL ACQUISITION	85.03
93 94 95	HOSPICE MOBILE MED SUBTOTALS NONREIMBURSABLE COST CENTERS 85	93 94 95
98	NOMERINGARDLE COST CENTERS GIFT, FLOWER, COFFEE SHOP & C ADULT DAY CARE PHYSICIANS' PRIVATE OFFICES VACANT SPACE FUND DEVELOPMENT CROSS FOOT ADJUSTMENTS NEGATIVE COST CENTER COST TO BE ALLOC PER B PT I 416434 UNIT COST MULT-WS B PT I 4899.223529 UNIT COST MULT-WS B PT I	96 97.10 98 98.01 100 101 102 103 104
105 106 106 107 108 108	COST TO BE ALLOC PER B PT II UNIT COST MULT-WS B PT II UNIT COST MULT-WS B PT II COST TO BE ALLOC PER B PT III 61286 UNIT COST MULT-WS B PT III 721.011765 UNIT COST MULT-WS B PT III	105 106 106 107 108 108

COMPUTATION OF RATIO OF COST TO CHARGES

WORKSHEET C PART I

(COST CENTER DESCRIPTION	TOTAL COST (FROM WKST B, PART I, COL 27)	TOTAL COSTS 3	RCE DISALLOWANCE 4	TOTAL COSTS 5	
	INPATIENT ROUTINE SERV COST CENTERS					
25	ADULTS & PEDIATRICS	35874366	35874366	11164	35885530	25
26	INTENSIVE CARE UNIT	9572790	9572790		9572790	26
27	CORONARY CARE UNIT					27
29	SURGICAL INTENSIVE CARE UNI					29
29.10		1874371	1874371	2000	1874371	29.10
31 33	SUBPROVIDER I	3075296	3075296	31114	3106410	31 33
33	NURSERY	900389	900389		900389	33
37	ANCILLARY SERVICE COST CENTERS OPERATING ROOM	20521851	20521851	19307	20541158	37
37	DELIVERY ROOM & LABOR ROOM	4010197	4010197	64414	4074611	37
40	ANESTHESIOLOGY	898959	898959	9914	908873	40
41	RADIOLOGY-DIAGNOSTIC	7158637	7158637	9914	7158734	41
	BREAST HEALTH CENTER	7138037	1130031	91	1130134	41.01
42.01	RADIOLOGY-THERAPEUTIC	4457117	4457117		4457117	42
43		2474787	2474787		2474787	43
	ULTRASOUND	2845226	2845226		2845226	43.10
	CT SCAN	2924764	2924764		2924764	43.20
	CATH LAB	936122	936122	35892	972014	43.30
44	LABORATORY	12385899	12385899	33072	12385899	44
	BLOOD CLOTTING FACTORS ADMI	12303033	12303033		12000000	46.30
49	RESPIRATORY THERAPY	3815600	3815600	47174	3862774	49
	SLEEP LAB	293423	293423		293423	49.01
	PHYSICAL THERAPY	2510198	2510198		2510198	50
51						51
52	SPEECH PATHOLOGY	290912 2092539	290912		290912	52
53	ELECTROCARDIOLOGY	2092539	2092539	20516	2113055	53
53.01	C-PORT					53.01
54	ELECTROENCEPHALOGRAPHY	206803	206803		206803	54
55	MEDICAL SUPPLIES CHARGED TO	1965240	1965240		1965240	55
	DRUGS CHARGED TO PATIENTS	12177749	12177749		12177749	56
57	RENAL DIALYSIS	964151	964151	9791	973942	57
	ASC (NON-DISTINCT PART)	1275161	1275161		1275161	58
	GI LAB	2732613	2732613		2732613	58.10
59						59
	NEUROLOGY					59.10
59.20						59.20
	OUTSIDE SERVICES	1024064	1024064		1024064	59.30
59.40	AUDIOLOGY					59.40
	OUTPATIENT SERVICE COST CENTERS	000455	000175	2055	004000	
60		820176	820176	3857	824033	60
	PALOS DIAGNOSTIC CENTER	353405	353405		353405	60.01
		8608808	8608808		8608808	61
62 63		864500	864500		864500	62 63
	OUTPATIENT REHAB	2379024	2379024	40714	2379024	
	WOUND CARE CENTER	746865	746865	40714	787579	63.10 63.50
63.50 63.60						63.50
03.00	OTHER REIMBURSABLE COST CENTERS					03.00
101	SUBTOTAL	153032002	153032002	293954	153325956	101
	~	864500	864500	22323 1	864500	102
102	TOTAL	152167502	152167502	293954	152461456	103
100	1011111	13210/302	13210/302	273734	132401430	T03

COMPUTATION OF RATIO OF COST TO CHARGES

WORKSHEET C PART I (CONT)

	COST CENTER DESCRIPTION		CHARGES		COST OR OTHER	TEFRA INPATIENT	PPS INPATIENT
	CODI CHNIER DEBORITION	INPATIENT	OUTPATIENT	TOTAL	RATIO	RATIO	RATIO
		6	7	8	9	10	11
	INPATIENT ROUTINE SERV COST CENT	פסקי					
25	ADULTS & PEDIATRICS	90963127		90963127			25
26	INTENSIVE CARE UNIT	20509984		20509984			26
27	CORONARY CARE UNIT						27
29	SURGICAL INTENSIVE CARE UNI						29
29.10		3652749		3652749			29.10
31	SUBPROVIDER I	6928992		6928992			31
33	NURSERY	3246469		3246469			33
	ANCILLARY SERVICE COST CENTERS						
37	OPERATING ROOM	42899794	23379646	66279440	.309626	.309626	.309917 37
39	DELIVERY ROOM & LABOR ROOM	10118543	1998239	12116782	.330962	.330962	.336278 39
40	ANESTHESIOLOGY	10048642	5435084	15483726	.058058	.058058	.058699 40
41	RADIOLOGY-DIAGNOSTIC	13856261	15104768	28961029	.247182	.247182	.247185 41
	BREAST HEALTH CENTER						41.01
42	RADIOLOGY-THERAPEUTIC	1735186	17825119	19560305	.227865	.227865	.227865 42
43	RADIOISOTOPE	5545825	6054618	11600443	.213336	.213336	.213336 43
	ULTRASOUND	5297069	11230576	16527645	.172150	.172150	.172150 43.10
	CT SCAN	20232873	24924968	45157841	.064768	.064768	.064768 43.20
	CATH LAB	4623089	707112	5330201	.175626	.175626	.182360 43.30
44	LABORATORY	49818729	37484171	87302900	.141873	.141873	.141873 44
	BLOOD CLOTTING FACTORS ADMI						46.30
49	RESPIRATORY THERAPY	21352189	2295986	23648175	.161349	.161349	.163343 49
	SLEEP LAB	8890	939614	948504	.309353	.309353	.309353 49.01
	PHYSICAL THERAPY	2888077	3994821	6882898	.364701	.364701	.364701 50
51	OCCUPATIONAL THERAPY						51
52	SPEECH PATHOLOGY	860214	276928	1137142	.255827	.255827	.255827 52
53	ELECTROCARDIOLOGY	12841595	5308756	18150351	.115289	.115289	.116420 53
	C-PORT	256050	007016	1102005	1 7 4 7 0 0	154500	53.01
54 55	ELECTROENCEPHALOGRAPHY	356079 1686819	827016 283076	1183095	.174798	.174798 .997637	.174798 54 .997637 55
	MEDICAL SUPPLIES CHARGED TO			1969895	.997637		
56 57	DRUGS CHARGED TO PATIENTS RENAL DIALYSIS	55699099 2514651	17060759 6865	72759858 2521516	.167369 .382370	.167369 .382370	.167369 56 .386253 57
57 58	ASC (NON-DISTINCT PART)	2514051	107509	107509	11.860970	11.860970	11.860970 58
	GI LAB	4713182	11443293	16156475	.169134	.169134	.169134 58.10
59.10	ENTEROSTOMAL THERAPY	4/13102	11443293	101304/3	.109134	.109134	.109134 50.10
	NEUROLOGY						59.10
59.20							59.20
	OUTSIDE SERVICES	2156210	1729514	3885724	.263545	.263545	.263545 59.30
	AUDIOLOGY	2130210	1,2,511	3003721	.200010	.203313	59.40
33.10	OUTPATIENT SERVICE COST CENTERS						33.10
60	CLINIC	114204	864145	978349	.838327	.838327	.842269 60
	PALOS DIAGNOSTIC CENTER	10242	1101579	1111821	.317861	.317861	.317861 60.01
61	EMERGENCY	21925783	28628959	50554742	.170287	.170287	.170287 61
62	OBSERVATION BEDS (NON-DISTI	737173	1058000	1795173	.481569	.481569	.481569 62
63	OUTPATIENT REHAB	1957	3911525	3913482	.607905	.607905	.607905 63
63.10	WOUND CARE CENTER	100345	3900306	4000651	.186686	.186686	.196863 63.10
63.50	RHC						63.50
63.60	FQHC						63.60
	OTHER REIMBURSABLE COST CENTERS						
101	SUBTOTAL	417444041	227882952	645326993			101
102	LESS OBSERVATION BEDS						102
103	TOTAL	417444041	227882952	645326993			103

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS

WORKSHEET D PART I

CHECK [] TITLE V APPLICABLE [XX] TITLE XVIII-PT A BOXES [] TITLE XIX		OLD GADIERA			NUM CARLEST		
COST CENTER DESCRIPTION	CAPITAL RELATED COST 1	OLD CAPITAL SWING-BED ADJUSTMENT 2	REDUCED CAPITAL RELATED COST	CAPITAL RELATED COST 4	NEW CAPITAL SWING-BED ADJUSTMENT 5	REDUCED CAPITAL RELATED COST 6	
INPAT ROUTINE SERV COST CTRS 25 ADULTS & PEDIATRICS 26 INTENSIVE CARE UNIT 27 CORONARY CARE UNIT 28 BURN INTENSIVE CARE UNIT 29 SURGICAL INTENSIVE CARE UNIT				3221916 640773		3221916 640773	25 26 27 28 29
29.10 NICU 30 OTHER SPECIAL CARE (SPECIFY) 31 SUBPROVIDER I 33 NURSERY 101 TOTAL				102537 345212 36233 4346671		102537 345212 36233 4346671	29.10 30 31 33
	TOTAL	INPATIENT	OLD CA	APITAL INPATIENT PROGRAM	NEW CA	PITAL INPATIENT PROGRAM	
COST CENTER DESCRIPTION	PATIENT DAYS 7	PROGRAM DAYS 8	DIEM 9	CAPITAL COST 10	DIEM 11	CAPITAL COST 12	
INPAT ROUTINE SERV COST CTRS 25 ADULTS & PEDIATRICS 26 INTENSIVE CARE UNIT 27 CORONARY CARE UNIT 28 BURN INTENSIVE CARE UNIT 29 SURGICAL INTENSIVE CARE UNIT	54129 7551	30735 4366			59.52 84.86	1829347 370499	25 26 27 28 29
29.10 NICU 30 OTHER SPECIAL CARE (SPECIFY) 31 SUBPROVIDER I	1420 4345	1957			72.21 79.45	155484	29.10 30 31
33 NURSERY 101 TOTAL	2231 69676	37058			16.24	2355330	33 101

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

WORKSHEET D

CHECK [] TITLE V [XX] HOSPITAL (14-0179) [] SUB III [XX] PPS
APPLICABLE [XX] TITLE XVIII-PT A [] SUB I [] SUB IV [] TEFRA
BOXES [] TITLE XIX [] SUB II

		OLD	NEW		INPATIENT		CAPITAL		PITAL	
		CAPITAL	CAPITAL		INPATIENT	RATIO O		RATIO OF		
	COST CENTER DESCRIPTION	RELATED	RELATED	TOTAL	PROGRAM	COST TO	CAPITAL	COST TO	CAPITAL	
		COST	COST	CHARGES	CHARGES	CHARGES	COSTS	CHARGES		
		1	2	3	4	5			8	
	ANCILLARY SERVICE COST CENTERS OPERATING ROOM ELIVERY ROOM & LABOR ROOM ANESTHESIOLOGY RADIOLOGY-DIAGNOSTIC BREAST HEALTH CENTER RADIOLOGY-THERAPEUTIC RADIOISOTOPE ULTRASOUND CT SCAN CATH LAB LABORATORY BLOOD CLOTTING FACTORS ADMIN RESPIRATORY THERAPY SLEEP LAB PHYSICAL THERAPY OCCUPATIONAL THERAPY SPEECH PATHOLOGY ELECTROCARDIOLOGY C-PORT ELECTROCENCEPHALOGRAPHY MEDICAL SUPPLIES CHARGED TO P DRUGS CHARGED TO PATIENTS RENAL DIALYSIS									
37	OPERATING ROOM		1844619	66279440	19357976			.027831	538752	37
39	DELIVERY ROOM & LABOR ROOM		482437	12116782	48244			.039816	1921	39
40	ANESTHESIOLOGY		169260	15483726	3790044			.010931	41429	40
41	RADIOLOGY-DIAGNOSTIC		1555843	28961029	8132701			.053722	436905	41
41.01	BREAST HEALTH CENTER									41.01
42	RADIOLOGY-THERAPEUTIC		855865	19560305	1110999			.043755	48612	42
43	RADIOISOTOPE		326952	11600443	3156387			.028184	88960	
43.10	ULTRASOUND		240127	16527645	2822583			.014529	41009	
43.20	CT SCAN		473115	45157841	10963291			.010477	114862	
43 30	CATH LAB		140753	5330201	2590044			026407	68395	
44	I.ABORATORY		707057	8730201	25816295			0020107	209086	
46 30	BLOOD CLOTTING FACTORS ADMIN		707057	07302300	23010233			.00000	203000	46.30
49	RESDIRATORY THERADY		359908	23648175	12977502			015219	197505	
49 01	SLEED LAB		19988	948504	3647			021073	77	49.01
50	DUVCICAL THERADY		206628	6882898	2044594			030020	61379	
50 51	OCCUDATIONAL TUEDADY		200020	0002000	2011371			.030020	01373	51
52	CDFFCH DATHOLOGY		19202	1137142	646657			.016886	10919	~ -
52	FI.FCTPOCAPDIOLOGY		198358	18150351	6729623			010000	73548	
53 01	C_DOPT		170330	10130331	0727023			.010020	73340	53.01
53.01	C-PORT ELECTROENCEPHALOGRAPHY MEDICAL SUPPLIES CHARGED TO P DRUGS CHARGED TO PATIENTS RENAL DIALYSIS ASC (NON-DISTINCT PART) GI LAB ENTEROSTOMAL THERAPY NEUROLOGY		EU3E0	1102005	215602			042565	9181	
54	MEDICAL CUDDITEC CHARGED TO D		20220	1060005	020124			100256	167302	
55	DDIIGO GUADGED TO DATTENTO		427507	72750050	20134			006012	175772	
57	DENNI DINIVOTO		E1567	2521516	172/271			001641	37317	
58	ACC (NON-DICTINGT DART)		17626	107500	1/243/1			1/2/041	3/31/	58
50 E0 10	GI LAB		27030	16156475	2067710			022021	70315	
59.10	GI LAD		3/0319	101304/3	300//10			.022921	70315	59.10
59	NEUROLOGY									59.10
59.10	REUROLOGI									59.10
	EMG OUTSIDE SERVICES		276240	2005724	1234311			.071119	87783	
	AUDIOLOGY		2/6349	3885/24	1234311			.0/1119	8//83	59.30
59.40	OUTPATIENT SERVICE COST CENTERS									59.40
60	OUTPATIENT SERVICE COST CENTERS		108832	978349	25382			.111240	2823	C 0
60 01	CLINIC CLINIC		108832	9/8349				.111240		
60.01	PALOS DIAGNOSTIC CENTER		2/698	1111821	10085			.024912		60.01
61	EMERGENCY		615650	50554742	10997645			.012178	133929	
62	CLINIC PALOS DIAGNOSTIC CENTER EMERGENCY OBSERVATION BEDS (NON-DISTINC OUTPATIENT REHAB WOUND CARE CENTER		//61/	1795173				.043237		62
63	OUTPATIENT KEHAB		339423	3913482	E 4114			.086732	0.7.6	63
63.10	WOUND CARE CENTER		64750	4000651	54114			.016185	876	63.10
63.50	RHC									63.50
63.60										63.60
101	OTHER REIMBURSABLE COST CENTERS		10405004	F0000F670	1 48 68 00 50				0610063	101
101	TOTAL		10425904	520025672	147679979				2618908	TOT

PROVIDER NO. 14-0179 LITTLE COMPANY OF MARY PERIOD FROM 07/01/2007 TO 06/30/2008

KPMG LLP COMPU-MAX MICRO SYSTEM IN LIEU OF FORM CMS-2552-96 (11/98)

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS WORKSHEET D

CHECK [] TITLE V
APPLICABLE [XX] TITLE XVIII-PT A
BOXES [] TITLE XIX

POVED	[] ITITE V	TIV								
	COST CENTER DESCRIPTION	NONPHYSICIAN ANESTHETIST COST 1	MEDICAL EDUCATION COST 2	SWING-BED ADJUSTMENT AMOUNT 3	TOTAL COSTS 4	TOTAL PATIENT DAYS 5	PER DIEM 6	INPATIENT PROGRAM DAYS 7	INPATIENT PROGRAM PASS THRU COSTS 8	
	INPAT ROUTINE SERV COST CTRS									
25	ADULTS & PEDIATRICS					54129		30735		25
26	INTENSIVE CARE UNIT					7551		4366		26
27	CORONARY CARE UNIT									27
28	BURN INTENSIVE CARE UNIT									28
29	SURGICAL INTENSIVE CARE UNIT									29
29.10	NICU					1420				29.10
30	OTHER SPECIAL CARE (SPECIFY)									30
31	SUBPROVIDER I					4345		1957		31
33	NURSERY					2231				33
34	SKILLED NURSING FACILITY									34
35	NURSING FACILITY									35
101	TOTAL					69676		37058		101

VERSION: 2008.05 11/30/2008 12:00

PART III

63.60 FQHC
OTHER REIMBURSABLE COST CENTERS
101 TOTAL

101

VERSION: 2008.05 11/30/2008 12:00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D PART IV

63.60

101

CHECK APPLICA BOXES	BLE [XX] 7	TITLE V TITLE XVIII-PT A TITLE XIX	[XX] HOSPITAL [] SUB I [] SUB II [] SUB III	. (14-0179)	[] [] []	SUB IV SNF NF ICF/MR	[] PPS [] TEFRA	
	COST CENTER DESCRIP		OUTPATIENT AN NONPHYSICIAN ST ANESTHETIST COST 1.01			N/A N/ 2.01 2.0	,	TOTAL COSTS 3
37 39 40 41 41.01 42 43 43.10 43.20 43.30 44 46.30 49.01 50 51 52 53 53.01 54 55 56 57 58 58.10 59.20 59.30 59.40	ELECTROENCEPHALOGRAPHY MEDICAL SUPPLIES CHARGI DRUGS CHARGED TO PATIEN RENAL DIALYSIS ASC (NON-DISTINCT PART GI LAB ENTEROSTOMAL THERAPY NEUROLOGY	ROOM S ADMIN SED TO P INTS T CENTERS RR						37 39 40 41 41.01 42 43 43.10 43.20 43.30 44 46.30 49.01 50 51 52 53 53.01 54 55 56 57 58 58.10 59.20 59.20 59.30 60.01 61 62 63
	WOUND CARE CENTER							63.10 63.50

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D PART IV

CHECK [] TITLE V [XX] HOSPITAL (14-0179) [] SUB IV
APPLICABLE [XX] TITLE XVIII-PT A [] SUB I [] SNF
BOXES [] TITLE XIX [] SUB II [] NF
[] SUB III [] ICF/MR [] PPS [] TEFRA

	COST CENTER DESCRIPTION	OUTPATIENT PASS THROUGH COSTS 3.01	TOTAL CHARGES 4	OUTPATIENT RATIO OF COST TO CHARGES 5.01			OUTPATIENT PROGRAM CHARGES 8	
	ANCILLARY SERVICE COST CENTERS							
37	OPERATING ROOM		66279440		1935797	б	7766726	37
39	DELIVERY ROOM & LABOR ROOM		12116782		4824	4	16908	39
40	ANESTHESIOLOGY		15483726		379004	4	1630495	40
41	RADIOLOGY-DIAGNOSTIC		28961029		813270	1	4936916	41
	BREAST HEALTH CENTER							41.01
42	RADIOLOGY-THERAPEUTIC		19560305		111099		9524067	42
43	RADIOISOTOPE		11600443		315638		3005574	43
	ULTRASOUND		16527645		282258		1539267	43.10
	CT SCAN		45157841		1096329		8279973	43.20
	CATH LAB		5330201		259004	-	251794	43.30
44	LABORATORY		87302900		2581629	5	1389073	44
	BLOOD CLOTTING FACTORS ADMIN					_		46.30
49	RESPIRATORY THERAPY		23648175		1297750		621937	49
	SLEEP LAB		948504		364	•	221039	49.01
50	PHYSICAL THERAPY		6882898		204459	4		50
51	OCCUPATIONAL THERAPY					_		51
52	SPEECH PATHOLOGY		1137142		64665	•		52
53	ELECTROCARDIOLOGY		18150351		672962	3	2219291	53
	C-PORT				0.1.5.6.0		046454	53.01
54	ELECTROENCEPHALOGRAPHY		1183095		21569	-	246451	54
55	MEDICAL SUPPLIES CHARGED TO P		1969895		92813		106375	55
56 57	DRUGS CHARGED TO PATIENTS		72759858		2923193 172437	-	7403816 2851	56 57
	RENAL DIALYSIS		2521516		1/243/.	L		5 / 58
58	ASC (NON-DISTINCT PART)		107509		206001	0	42100	
58.10 59	GI LAB ENTEROSTOMAL THERAPY		16156475		306771	В	4009585	58.10 59
	NEUROLOGY							59 59.10
59.10								59.10
	OUTSIDE SERVICES		3885724		123431	1	561382	59.20
	AUDIOLOGY		3003/24		123431.	T.	301362	59.40
39.40	OUTPATIENT SERVICE COST CENTERS							39.40
60	CLINIC		978349		2538	า	412772	60
	PALOS DIAGNOSTIC CENTER		1111821		1008		606296	60.01
61	EMERGENCY		50554742		1099764		4255043	61
62	OBSERVATION BEDS (NON-DISTINC		1795173		1000104	5	111262	62
63	OUTPATIENT REHAB		3913482				193135	63
	WOUND CARE CENTER		4000651		5411	4	2067792	63.10
63.50			1000031		3411	-	2001172	63.50
63.60								63.60
03.00	OTHER REIMBURSABLE COST CENTERS							03.00
101	TOTAL		520025672		14767997	9	61421920	101
	•						20	

101

TOTAL

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D PART IV

101

CHECK APPLI BOXES	CABLE	[XX]	TITLE TITLE TITLE	XVIII-PT A	[XX] [] []	SUB I	I]] PPS] TEFRA	
	COST CENTER	DESCRI	PTION		OUTPATIE PROGRAM CHARGES 8.01	1	OUTPATIENT PROGRAM CHARGES 8.02	PASS	PATIENT ROGRAM THROUGH COSTS 9	OUTPATIENT PROGRAM PASS THROUGH COSTS 9.01	OUTPATIENT PROGRAM PASS THROUGH COSTS 9.02	
42 43 43.1 43.2 43.3 44 6.3 49.0 50 51 52 53 53.0 54 55 56 57 58.1 59.1 59.2 59.3	ANCILLARY SERVI OPERATING ROOM DELIVERY ROOM & ANESTHESIOLOGY RADIOLOGY-DIAGN BREAST HEALTH C RADIOLOGY-THERA RADIOISOTOPE ULITRASOUND CT SCAN CATH LAB LABORATORY BLOOD CLOTTING RESPIRATORY THE SLEEP LAB PHYSICAL THERAP OCCUPATIONAL TH SPEECH PATHOLOG ELECTROCARDIOLO C-PORT ELECTROCARDIOLO C-PORT ELECTROCARDIOLO TRENAL DIALYSIS ASC (NON-DISTIN OGI LAB ENTEROSTOMAL TH NEUROLOGY EMG OUTSIDE SERVICE OUTSIDE SERVICE OUTSIDE SERVICE	LABOR OSTIC ENTER PEUTIC FACTOR RAPY Y ERAPY GY OGRAPH S CHAR O PATI CT PAR ERAPY S	R ROOM RS ADMI RY RGED TO ENTS RT)	N P								37 39 40 41 41.01 42 43 43.10 43.20 43.30 44 46.30 49 49.01 50 51 52 53 53.01 54 55 56 57 58 58.10 59 59.10 59.20 59.30 59.40
61 62 63 63.1 63.5	OUTPATIENT SERV CLINIC 1 PALOS DIAGNOSTI EMERGENCY OBSERVATION BED OUTPATIENT REHA 0 RHC 0 RHC 0 FQHC	C CENT S (NON B	ER									60 60.01 61 62 63 63.10 63.50 63.60
101	OTHER REIMBURSA	BLE CC	ST CEN	TERS								101

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

WORKSHEET D PARTS V & VI

GIRGE		2 / D	[AA] HOGD	TTN (14 0170)	r	l CNE		
CHECK APPLIC	[] TITLE V - (ABLE [XX] TITLE XVII: [] TITLE XIX -	J/P I-PT B	[] SUB	ITAL (14-01/9) I	[] NF		
BOXES	[] TITLE XIX -	- O/P	[] SUB	II	Ī] S/B-SNF		
				III] I] S/B-NF l tcr/mr		
			1 1 505	- V				
					PR OUTPATIENT	OGRAM CHARGES		
		COST TO CHAR	GE RATIO FROM	WORKSHEET C,	AMBULATORY		OTHER	
	COST CENTER DESCRIPTION	PART II	PART I	PART II	SURGICAL	OUTPATIENT	OUTPATIENT	
		COL. 8	COL. 9 1 01	WORKSHEET C, PART II COL. 9 1.02	CENTER 2	RADIOLOGY 3	DIAGNOSTIC 4	
		±	1.01	1.02	2	3	-	
37	ANCILLARY SERVICE COST CENTERS	300636	200626	200626				37
39	DELIVERY ROOM & LABOR ROOM	.330962	.330962	.330962				39
40	OPERATING ROOM DELIVERY ROOM & LABOR ROOM ANESTHESIOLOGY RADIOLOGY-DIAGNOSTIC	.058058	.058058	.058058				40
41 01	RADIOLOGY-DIAGNOSTIC BREAST HEALTH CENTER	.247182	.247182	.247182				41 41.01
42	RADIOLOGY-THERAPEUTIC	.227865	.227865	.227865				42
43	RADIOISOTOPE ULTRASOUND CT SCAN	.213336	.213336	.213336				43
43.10	ULTRASOUND CT SCAN	.172150	.172150	.172150				43.10 43.20
13.20	CATH LAB	.175626	.175626	.175626				43.30
44	LABORATORY	.141873	.141873	.141873				44
46.30	LABORATORY BLOOD CLOTTING FACTORS ADMIN CO RESPIRATORY THERAPY SLEEP LAB PHYSICAL THERAPY OCCUPATIONAL THERAPY SPEECH PATHOLOGY	161349	161349	.161349				46.30 49
49.01	SLEEP LAB	.309353	.309353	.309353				49.01
50	PHYSICAL THERAPY	.364701	.364701	.364701				50
51 52	PHYSICAL THERAPY OCCUPATIONAL THERAPY SPEECH PATHOLOGY ELECTROCARDIOLOGY C-PORT	255827	255827	.255827				51 52
53	ELECTROCARDIOLOGY	.115289	.115289	.115289				53
53.01	C-PORT	154500	1.7.47.00	154500				53.01
54 55	C-PORT ELECTROENCEPHALOGRAPHY MEDICAL SUPPLIES CHARGED TO PAT DRUGS CHARGED TO PATIENTS RENAL DIALYSIS ASC (NON-DISTINCT PART) GI LAB ENTEROSTOMAL THERAPY	.174798	.174798	.1/4/98				54 55
56	DRUGS CHARGED TO PATIENTS	.167369	.167369	.167369				56
57	RENAL DIALYSIS	.382370	.382370	.382370				57
58.10	GI LAB	.169134	.169134	.169134				58 58.10
								59
59.10 59.20	NEUROLOGY							59.10 59.20
	OUTSIDE SERVICES	.263545	.263545	.263545				59.30
	AUDIOLOGY							59.40
60	OUTPATIENT SERVICE COST CENTERS	838327	838337	939327				60
60.01	PALOS DIAGNOSTIC CENTER	.317861	.317861	.317861				60.01
61	EMERGENCY	.170287	.170287	.170287				61
62 63	OBSERVATION BEDS (NON-DISTINCT	.481569	.481569	.481569				62 63
63.10	OUTPATIENT SERVICE COST CENTERS CLINIC PALOS DIAGNOSTIC CENTER EMERGENCY OBSERVATION BEDS (NON-DISTINCT OUTPATIENT REHAB WOUND CARE CENTER	.186686	.186686	.186686				63.10
63.50	RHC							63.50
63.60	FONC OTHER REIMBURSABLE COST CENTERS							63.60
65.01	AMBULANCE CHARGES (S-2 LINE 56.							65.01
	AMBULANCE CHARGES (S-2 LINE 56.							65.02
	AMBULANCE CHARGES (S-2 LINE 56. SUBTOTAL							65.03 101
102	CRNA CHARGES							102
103	LESS PBP CLINIC LAB SERV-PGM ONLY	Y CHRGS						103
104	NET CHARGES							103
	PART VI - VACCINE COST APPORT	IONMENT						1
1	DRUGS CHARGED TO PATIENTS - RATIO	O OF COST TO C	HARGES					167369 1
2	PROGRAM VACCINE CHARGES							401 2 2.01
	PROGRAM VACCINE CHARGES PROGRAM COSTS							2.01 67 3
	PROGRAM COSTS							3.01

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

WORKSHEET D PARTS V & VI

CHECK [] TITLE V - APPLICABLE [XX] TITLE XVI BOXES [] TITLE XIX	O/P [XX III-PT B [C - O/P [HOSPITAL (14-0179) SUB I SUB II SUB III SUB III SUB IIV	[] SNF [] NF [] S/B-SNF [] S/B-NF [] ICF/MR	
	PR	OGRAM CHARGES	PROGRAM COS	3T
COST CENTER DESCRIPTION	OTHER (1) VICES (SEE (SEE INSTRU.) INSTRU.) 5 5.01	ALL OTHER VICES (SEE (SEE	PPS SER- OUTPATIENT VICES AMBULATORY (SEE SURGICAL OUTPATIENT INSTRU.) CENTER RADIOLOGY 5.04 6 7	OTHER COUTPATIENT
ANCILLARY SERVICE COST CENTERS 37 OPERATING ROOM 39 DELIVERY ROOM & LABOR ROOM 40 ANESTHESIOLOGY 41 RADIOLOGY-DIAGNOSTIC 41.01 BREAST HEALTH CENTER 42 RADIOLOGY-THERAPEUTIC 43 RADIOLOGY-THERAPEUTIC 43.10 ULTRASOUND 43.20 CT SCAN 43.30 CATH LAB 44 LABORATORY 46.30 BLOOD CLOTTING FACTORS ADMIN C 49 RESPIRATORY THERAPY 49.01 SLEEP LAB 50 PHYSICAL THERAPY 51 OCCUPATIONAL THERAPY 52 SPEECH PATHOLOGY 53.01 C-PORT 54 ELECTROCARDIOLOGY 53.01 C-PORT 55 MEDICAL SUPPLIES CHARGED TO PA 56 DRUGS CHARGED TO PATIENTS 57 RENAL DIALYSIS 58 ASC (NON-DISTINCT PART) 55 GI LAB	621937 221039 2219291			37 39 40 41 41.01 42 43 43.10 43.20 43.30 44 46.30 49 49.01 50 51 52 53 53.01 54 55 56 57 58 58
59 ENTEROSTOMAL THERAPY 59.10 NEUROLOGY 59.20 EMG 59.30 OUTSIDE SERVICES 59.40 AUDIOLOGY	561382			59 59.10 59.20 59.30 59.40
OUTPATIENT SERVICE COST CENTERS CO CLINIC CO.01 PALOS DIAGNOSTIC CENTER EMERGENCY COMMON BEDS (NON-DISTINCT COMMON BEDS (N	412772 606296 4255043 111262 193135 2067792			60 60.01 61 62 63 63.10 63.50 63.60
OTHER REIMBURSABLE COST CENTERS 65.01 AMBULANCE CHARGES (S-2 LINE 56 65.02 AMBULANCE CHARGES (S-2 LINE 56 65.03 AMBULANCE CHARGES (S-2 LINE 56 101 SUBTOTAL 102 CRNA CHARGES 103 PBP CLINIC LAB 104 NET CHARGES	61421920 61421920			65.01 65.02 65.03 101 102 103 104

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

WORKSHEET D PARTS V & VI

				PARTS V & VI
CHECK APPLICAN BOXES	[] TITLE V - O/P BLE [XX] TITLE XVIII-PT B [] TITLE XIX - O/P	[XX] HOSPITAL (14-0179) [] SUB I [] SUB II [] SUB III [] SUB IV	[] SNF [] NF [] S/B-SNF [] S/B-NF [] ICF/MR	
CC	OST CENTER DESCRIPTION	PROGRAM COST - PPS SERVICES ALL OTHER S ALL OTHER (COLUMNS (COLUMNS (COLUMNS (COLUMNS) 1.01x5.01) 1.01x5.02) 1.01x5.02) 1.01x5.02) 1.01x5.02	ם שמנת ת/ ד מתח מחת	ד / ח חת מת מ
37 (39 140 24 141.01 14 142 14 143.10 (43.20 (43.30 (44.30 149.01 155) (55 16 155) (56 16 157 16 16 16 16 16 16 16 16 16 16 16 16 16	ANCILLARY SERVICE COST CENTERS DOPERATING ROOM DELIVERY ROOM & LABOR ROOM ANESTHESIOLOGY RADIOLOGY-DIAGNOSTIC BERGAST HEALTH CENTER RADIOLOGY-THERAPEUTIC RADIOLOGY-THERAPEUTIC RADIOLOGY-THERAPEUTIC RADIOLOGY-THERAPEUTIC RADIOLOGY-THERAPEUTIC RADIOLOGY CT SCAN CATH LAB LABORATORY BLOOD CLOTTING FACTORS ADMIN CO RESPIRATORY THERAPY SELEP LAB PHYSICAL THERAPY SPEECH PATHOLOGY ELECTROCARDIOLOGY C-PORT ELECTROENCEPHALOGRAPHY MEDICAL SUPPLIES CHARGED TO PAT DRUGS CHARGED TO PATIENTS RENAL DIALYSIS ASC (NON-DISTINCT PART) GI LAB ENTEROSTOMAL THERAPY NEUROLOGY ENGG	2404780 5596 94663 1220317 2170202 641197 264985 536277 44222 197072 100349 68379 255860 43079 106124 1239169 1090 499347 678157		37 39 40 41 41.01 42 43 43.10 43.20 43.30 44 46.30 49 49.01 50 51 52 53 53.01 54 55 56 57 58 58.10 59 59.10 59.20
59.40 7	OUTSIDE SERVICES AUDIOLOGY OUTPATIENT SERVICE COST CENTERS CLINIC	147949 346038		59.30 59.40
60.01 I 61 I 62 (63 (63.10 I 63.50 I 63.60 I	PALOS DIAGNOSTIC CENTER EMERGENCY DBSERVATION BEDS (NON-DISTINCT DUTPATIENT REHAB WOUND CARE CENTER RHC FOHC	192718 724579		60.01 61 62 63 63.10 63.50 63.60
65.01 A 65.02 A 65.03 A 101 S 102 C	OTHER REIMBURSABLE COST CENTERS AMBULANCE CHARGES (S-2 LINE 56. AMBULANCE CHARGES (S-2 LINE 56. AMBULANCE CHARGES (S-2 LINE 56. SUBTOTAL CRNA CHARGES LESS PBP CLINIC LAB SERV-PGM ONLY CHRG NET CHARGES	12539165 S 12539165		65.01 65.02 65.03 101 102 103 104

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

WORKSHEET D PART II

CHECK [] TITLE V [] HOSPITAL [] SUB III [] PPS
APPLICABLE [XX] TITLE XVIII-PT A [XX] SUB I (14-S179) [] SUB IV [XX] TEFRA
BOXES [] TITLE XIX [] SUB II

		OLD CAPITAL	NEW CAPITAI		INPATIENT			RATIO OF		
	COST CENTER DESCRIPTION	RELATED COST 1	RELATEI COST 2		PROGRAM CHARGES 4	COST TO CHARGES 5	CAPITAL COSTS 6		CAPITAL COSTS 8	
		Τ.	2	3	4	5	0	,	0	
	ANCILLARY SERVICE COST CENTERS									
37	OPERATING ROOM		1844619	66279440				.027831		37
39	DELIVERY ROOM & LABOR ROOM		482437	12116782				.039816		39
40	ANCILLARY SERVICE COST CENTERS OPERATING ROOM DELIVERY ROOM & LABOR ROOM ANESTHESIOLOGY RADIOLOGY-DIAGNOSTIC BREAST HEALTH CENTER RADIOLOGY-THERAPEUTIC RADIOISOTOPE ULTRASOUND CT SCAN CATH LAB LABORATORY BLOOD CLOTTING FACTORS ADMIN		169260	15483726				.010931		40
41	RADIOLOGY-DIAGNOSTIC		1555843	28961029	34050			.053722	1829	
41.01	BREAST HEALTH CENTER									41.01
42	RADIOLOGY-THERAPEUTIC		855865	19560305	13782			.043755	603	
43	RADIOISOTOPE		326952	11600443	3688			.028184	104	
43.10	ULTRASOUND		240127	16527645	5604			.014529		43.10
43.20	CT SCAN		473115	45157841	74554			.010477	781	43.20
43.30	CATH LAB		140753	5330201				.026407		43.30
44	LABORATORY BLOOD CLOTTING FACTORS ADMIN RESPIRATORY THERAPY SLEEP LAB PHYSICAL THERAPY OCCUPATIONAL THERAPY SPEECH PATHOLOGY ELECTROCARDIOLOGY C-PORT ELECTROENCEPHALOGRAPHY MEDICAL SUPPLIES CHARGED TO P DRUGS CHARGED TO PATIENTS RENAL DIALYSIS ASC (NON-DISTINCT PART) GI LAB ENTEROSTOMAL THERAPY NEUROLOGY		707057	87302900	448458			.008099	3632	
46.30	BLOOD CLOTTING FACTORS ADMIN									46.30
49	RESPIRATORY THERAPY		359908	23648175	17987			.015219	274	
49.01	SLEEP LAB		19988	948504				.021073		49.01
50	PHYSICAL THERAPY		206628	6882898	34603			.030020	1039	
51	OCCUPATIONAL THERAPY									51
52	SPEECH PATHOLOGY		19202	1137142	1812			.016886	31	
53	ELECTROCARDIOLOGY		198358	18150351	38524			.010929	421	
53.01	C-PORT									53.01
54	ELECTROENCEPHALOGRAPHY		50358	1183095	634			.042565	27	
55	MEDICAL SUPPLIES CHARGED TO P		355086	1969895	4993			.180256	900	
56	DRUGS CHARGED TO PATIENTS		437507	72759858	295551			.006013	1777	
57	RENAL DIALYSIS		54567	2521516	978			.021641	21	
58	ASC (NON-DISTINCT PART)		47636	107509				.443088		58
58.10	GI LAB		370319	16156475	7121			.022921	163	58.10
59	ENTEROSTOMAL THERAPY									59
										59.10
59.20										59.20
			276349	3885724	1012			.071119	72	59.30
59.40	AUDIOLOGY									59.40
	OUTPATIENT SERVICE COST CENTERS			0.00040						
60	CLINIC		108832	978349	551			.111240	61	60
60.01	PALOS DIAGNOSTIC CENTER		27698	1111821				.024912		60.01
61	EMERGENCY		615650	50554742	109521			.012178	1334	
62	PALOS DIAGNOSTIC CENTER EMERGENCY OBSERVATION BEDS (NON-DISTINC OUTPATIENT REHAB WOUND CARE CENTER		77617	1795173	1.000			.043237	2.42	62
63	OUTPATIENT REHAB		339423	3913482	1620			.086732	141	
63.10	WOUND CARE CENTER		64750	4000651				.016185		63.10
63.50	RHC									63.50
63.60	FQHC									63.60
101	OTHER REIMBURSABLE COST CENTERS		10405004	F0000F650	1005043				12201	1.01
101	TOTAL		10425904	520025672	1095043				13291	TOT

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APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D PART IV

CHECK APPLIC BOXES	LICABLE [XX] TITLE XVIII-PT A [XX] SUB I (14-S179) [ES [] TITLE XIX [] SUB II [[] PPS [] TEFRA
	OUTPATIENT NONPHYSICIAN NONPHYSICIAN MEDICAL COST CENTER DESCRIPTION COST COST COST COST 1 1.01 2	N/A N/A 2.01 2.02	TOTAL N/A COSTS 2.03 3
42 43 43.10 43.20 43.30 44 46.30 50 51 52 53 53.01 54 55 56 57 58 58.10 59.20 59.30	DELIVERY ROOM & LABOR ROOM ANESTHESIOLOGY RADIOLOGY-DIAGNOSTIC .01 BREAST HEALTH CENTER RADIOLOGY-THERAPEUTIC RADIOISOTOPE .10 ULTRASOUND .20 CT SCAN .30 CATH LAB LABORATORY .30 BLOOD CLOTTING FACTORS ADMIN RESPIRATORY THERAPY .01 SLEEP LAB PHYSICAL THERAPY OCCUPATIONAL THERAPY SPEECH PATHOLOGY ELECTROCARDIOLOGY .01 C-PORT ELECTROENCEPHALOGRAPHY MEDICAL SUPPLIES CHARGED TO P DRUGS CHARGED TO PATIENTS RENAL DIALYSIS ASC (NON-DISTINCT PART) .10 GI LAB ENTEROSTOMAL THERAPY .10 NEUROLOGY .20 EMG .30 OUTSIDE SERVICES .40 AUDIOLOGY		37 39 40 41 41.01 42 43 43.10 43.20 43.30 44 46.30 49 49.01 50 51 52 53 53.01 54 55 56 57 58 58,10 59 59.10 59.20 59.30 59.40
61 62 63 63.10 63.50	.01 PALOS DIAGNOSTIC CENTER EMERGENCY OBSERVATION BEDS (NON-DISTINC		60 60.01 61 62 63 63.10 63.50
101	TOTAL		101

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D PART IV

[] PPS [] TEFRA CHECK APPLICABLE BOXES

ANCILLARY SERVICE COST CENTERS 37 OPERATING ROOM		COST CENTER DESCRIPTION	OUTPATIENT PASS THROUGH COSTS 3.01	TOTAL CHARGES 4	OUTPATIENT RATIO OF COST TO CHARGES 5.01			OUTPATIENT PROGRAM CHARGES 8	
191 DELIVERY ROOM & LABOR ROOM 12116782 39 40 AMSTHESICIOCY 15483726 40 41 RADIOLOCY - DIAGNOSTIC 28961029 34050 41 41. 01 REAST HEALTIC LEWIER 41. 01 42 RADIOLOCY - THERAPEUTIC 19560305 13782 42 43 RADIOLOCY - THERAPEUTIC 19560305 15782 42 43 RADIOLOCY - THERAPEUTIC 16527645 5604 43.10 43.20 CT SCAN 45157841 74554 43.30 43 LABORATORY 8730290 448458 44 46.30 BLOOD CLOTTING FACTORS ADMIN 45 46.30 BLOOD CLOTTING FACTORS ADMIN 46.30 49 RESPIRATORY THERAPY 23648175 17987 49 49.01 SLEEP LAB 948504 49.01 50 PHYSICAL THERAPY 6882898 34603 50 51 OCCUPATIONAL THERAPY 6882898 34603 50 51 OCCUPATIONAL THERAPY 51 52 SPECK PATHOLOGY 1137142 1812 52 53 ELECTROCARDIOLOGY 1137142 1812 52 53 ELECTROCARDIOLOGY 18150351 3854 53 53 OL-PORT 51 54 BLICCTRORNECPHALOGRAPHY 183095 634 54 55 MEDICAL SUPPLIES CHARGED TO P 1965895 4993 55 56 DRUGS CHARGED TO PATIENTS 72759858 295551 56 57 RENAL DIALYSIS 2521516 978 978 59 59 ADDITIONAL THERAPY 107509 59 59 10 NUROLOGY 59 59 20 EMB 50 50 CLOTONAL THERAPY 50 50 ADDITIONAL THERAPY 50 50 ADDITIONAL THERAPY 50 50 ADDITIONAL THERAPY 107509 59 50 DRUGS CHARGED TO PATIENTS 72759858 295551 56 50 EMB 50 50 ADDITIONAL THERAPY 50 50 ADDITIONAL THERA		ANCILLARY SERVICE COST CENTERS							
39 DELIVERY ROOM & LABOR ROOM 12116782 40 40 40 41 RADIOLOGY - DIAGNOSTIC 28961029 34050 41 41 41 41 41 41 41 4	37			66279440					37
40 ANESTHESIOLOGY 15483726 29961029 34050 41 41.01 41.				12116782					39
ALI RADIOLOGY - DIAGNOSTIC 28961029 34050 41 11 11 11 11 12 12 12	40								40
41.01 RERAST HEALTH CENTER 19560305	41					34050)		41
### ADIOLOGY—THERAPEUTIC	41.01						-		41.01
### ABIOISTOTOPE				19560305		1378	2		42
43.10 ULTRASOUND 16527645 504 43.10 43.20 CT SCAN 45157841 74554 43.20 43.30 CATH LAB 5330201 448458 43.20 43.30 CATH LAB 5330201 448458 44.30 44 LABORATORY 87302900 448458 44.30 45.30 LOOD CLOTTING FACTORS ADMIN 46.30 49 RESPIRATORY THERAPY 23648175 17987 49 49.01 SLEEP LAB 948504 49.01 50 PHYSICAL THERAPY 688288 34603 50 51 OCUPATIONAL THERAPY 51 52 SPECH PATHOLOGY 1137142 1812 52 53 ELECTROCARDIOLOGY 18150551 38824 53 53.01 C-PORT 53.01 53 CLORDORD 55 MEDICAL SUPPLIES CHARGED TO P 1965895 4993 55 56 DRUGS CHARGED TO PATIENTS 72759858 29551 56 57 RENAL DIALYSIS 72759858 29551 56 58 ASC (NON-DISTINCT PART) 107509 58 81.0 GI LAB 1616475 7121 58.10 59 ENTEROSTOMAL THERAPY 59.20 59.20 EMG 59.20 59.30 OUTSIDE SERVICES 3885724 1012 59.20 59.30 OUTSIDE SERVICE COST CENTER 51 60 CLINIC 978349 551 60 59.30 OUTSIDE SERVICE COST CENTER 51 61 EMERGENCY 50554742 109521 61 62 OBSERVATION BEDS (NON-DISTINCT BED) 7830482 1620 63.60 63.60 FQMC 0UTPATIENT REHAB 3913482 1620 63.60 63.60 FQMC 0UTPATIENT REHAB 3913	43					3688	- 3		43
43.30 CATH LAB	43.10					560	4		43.10
43.30 CATH LAB	43.20	CT SCAN		45157841		7455	4		43.20
44 LABORATORY							=		
46.30 BLOOD CLOTTING FACTORS ADMIN 49 RESPIRATORY THERAPY 23648175 49.01 SLEEP LAB 948504 49.01 50 PHYSICAL THERAPY 6882898 34603 50 50 51 OCCUPATIONAL THERAPY 51 52 SPEECH PATHOLOGY 1137142 1812 52 53 ELECTROCARDIOLOGY 18150351 38524 53.01 53.01 C-PORT 54 ELECTROCENCEPHALOGRAPHY 1183095 634 54 ELECTROENCEPHALOGRAPHY 1183095 65 DRUGS CHARGED TO P 1969895 66 DRUGS CHARGED TO PATIENTS 72759858 295551 56 DRUGS CHARGED TO PATIENTS 72759858 295551 56 DRUGS CHARGED TO PATIENTS 107509 58 ASC (NON-DISTINCT PART) 59 ENTEROSTOMAL THERAPY 59.10 NEUROLOGY 59.30 OUTSIDE SERVICES 59.20 EMG 59.20 EMG 60 CLINIC 60 CLINIC 60 CLINIC 61 EMERGENCY 60 OUTPATIENT SERVICE COST CENTERS 61 OUTPATIENT SERVICE COST CENTERS 62 OSSERVATION BEDS (NON-DISTINC 1795173 62 OSSERVATION BEDS (NON-DISTINC 1795173 63 OUTPATIENT REHAB 63.50 RHC 63.60 FQHC 67.01 PAGE 67.02 CONTER REIMBURSABLE COST CENTERS 63.60 FQHC 64.61 PGHC 65.60 FQHC 65.60 FQHC 67.01 PAGE 6882898 6882898 6882898 34603 34						448458	3		
49 RESPIRATORY THERAPY 23648175 17987 49 49.01 SLEEP LAB 948504 34603 50 50 PHYSICAL THERAPY 6882898 34603 50 51 OCCUPATIONAL THERAPY 1137142 1812 52 52 SPECH PATHOLOGY 1137142 38524 53 53.01 C-PORT 53 53 54 53 54 ELECTROENCEPHALOGRAPHY 1183095 634 54 55 MBDICAL SUPPLIES CHARGED TO P 1969895 4993 55 56 DRUGS CHARGED TO PATIENTS 72759858 295551 56 57 RENAL DIALYSIS 2521516 978 57 58 ASC (NON-DISTINCT PART) 107509 58 58.10 GI LAB 16156475 7121 58.10 59 PENTEROSTOMAL THERAPY 59 59 59 59.10 NEUROLOGY 59 59 59 59.20 EMC 59 69	46.30								46.30
50				23648175		1798	7		49
50	49.01	SLEEP LAB		948504					49.01
SPECH PATHOLOGY						3460	3		
STATES STATE STATES ST	51	OCCUPATIONAL THERAPY							51
Sample	52	SPEECH PATHOLOGY		1137142		1812	2		52
54 ELECTROENCEPHALOGRAPHY 1183095 634 54 55 MEDICAL SUPPLIES CHARGED TO P 1969895 4993 55 56 DRUGS CHARGED TO PATIENTS 72759858 295551 56 57 RENAL DIALYSIS 2521516 978 57 58 ASC (NON-DISTINCT PART) 107509 58 58.10 GI LAB 16156475 7121 58.10 59 ENTEROSTOMAL THERAPY 59 59.10 59.10 59.10 59.10 NEUROLOGY 59.20 59.20 59.30 59.20 59.30 59.20 EMG 59.20 59.30 59.40 59.20 59.30 59.40 AUDIOLOGY 978349 551 60 60 60.01<	53	ELECTROCARDIOLOGY		18150351		3852	4		53
S	53.01	C-PORT							53.01
56 DRUGS CHARGED TO PATIENTS 72759858 295551 56 57 RENAL DIALYSIS 2521516 978 57 58 ASC (NON-DISTINCT PART) 107509 58 58.10 GI LAB 16156475 7121 58.10 59 ENTEROSTOMAL THERAPY 59 59.10 59.10 59.10 59.20 EMG 59.20 59.20 59.20 59.20 59.20 59.30 OUTSIDE SERVICES 3885724 1012 59.30 59.40 59.40 AUDIOLOGY 59.30 59.40 59.40 59.30 59.40 59.30 59.40 59.30 59.40 59.30 59.40 59.30 59.40 59.30 59.40 59.40 59.40 59.40 59.40 59.40 59.40 59.40 59.40 59.40 59.40 60.01 60.01 61.01 60.01 61.01 60.01 61.01 61.01 61.01 61.01 62.01 62.01 62.01 63.60 63.60	54	ELECTROENCEPHALOGRAPHY		1183095		634	4		54
57 RENAL DIALYSIS 2521516 978 57 58 ASC (NON-DISTINCT PART) 107509 58 58.10 GI LAB 16156475 7121 58.10 59 ENTEROSTOMAL THERAPY 59 59 59.10 NEUROLOGY 59.10 59.10 59.20 EMG 59.30 59.30 59.30 59.40 AUDIOLOGY 59.30 59.40 OUTPATIENT SERVICE COST CENTERS 60 CLINIC 978349 551 60 60.01 PALOS DIAGNOSTIC CENTER 1111821 60.01 60 60 61 EMBRGENCY 50554742 109521 61 62 62 OBSERVATION BEDS (NON-DISTINC 1795173 62 63 63 63.10 WOUND CARE CENTER 4000651 63.60 63.60 63.60 63.50 FQHC 67HER REIMBURSABLE COST CENTERS 63.60 63.60	55	MEDICAL SUPPLIES CHARGED TO P		1969895		4993	3		55
58 ASC (NON-DISTINCT PART) 107509 58 58.10 GI LAB 16156475 7121 58.10 59 ENTEROSTOMAL THERAPY 59 59 59.10 NEUROLOGY 59.10 59.20 EMG 59.20 59.30 OUTSIDE SERVICES 3885724 1012 59.30 59.40 AUDIOLOGY 59.40 59.40 60 0 UTPATIENT SERVICE COST CENTERS 60	56	DRUGS CHARGED TO PATIENTS		72759858		29555	1		56
58.10 GI LAB 16156475 7121 58.10 59 ENTEROSTOMAL THERAPY 59 59.10 NEUROLOGY 59.10 59.20 EMG 59.20 59.30 OUTSIDE SERVICES 3885724 1012 59.30 59.40 AUDIOLOGY 59.40 OUTPATIENT SERVICE COST CENTERS 59.40 60 CLINIC 978349 551 60 60.01 PALOS DIAGNOSTIC CENTER 1111821 60.01 61 EMERGENCY 50554742 109521 61 62 OBSERVATION BEDS (NON-DISTINC 1795173 62 63 OUTPATIENT REHAB 3913482 1620 63 63.10 WOUND CARE CENTER 4000651 63.50 63.50 RHC 63.50 67.60 FOHC OTHER REIMBURSABLE COST CENTERS	57	RENAL DIALYSIS		2521516		978	3		57
SP SP SP SP SP SP SP SP	58	ASC (NON-DISTINCT PART)		107509					58
Sp.10 NEUROLOGY Sp.10	58.10	GI LAB		16156475		712	l		58.10
59.20 EMG 59.30 OUTSIDE SERVICES 3885724 1012 59.30 59.40 AUDIOLOGY 59.40 OUTPATIENT SERVICE COST CENTERS 60 CLINIC 978349 551 60.01 61 EMERGENCY 50554742 109521 61 62 OBSERVATION BEDS (NON-DISTINC 1795173 62 63 OUTPATIENT REHAB 3913482 1620 63.10 63.10 WOUND CARE CENTER 4000651 63.10 63.50 RHC 63.60 OTHER REIMBURSABLE COST CENTERS	59	ENTEROSTOMAL THERAPY							59
59.30 OUTSIDE SERVICES 3885724 1012 59.30 59.40 AUDIOLOGY OUTPATIENT SERVICE COST CENTERS 59.40 60 CLINIC 978349 551 60 60.01 PALOS DIAGNOSTIC CENTER 1111821 60.01 61 EMERGENCY 50554742 109521 61 62 OBSERVATION BEDS (NON-DISTINC 1795173 62 63 OUTPATIENT REHAB 3913482 1620 63 63.10 WOUND CARE CENTER 4000651 63.10 63.50 RHC 63.50 63.50 63.60 OTHER REIMBURSABLE COST CENTERS 63.60	59.10	NEUROLOGY							59.10
59.40 AUDIOLOGY	59.20	EMG							59.20
OUTPATIENT SERVICE COST CENTERS 60 CLINIC 978349 551 60 60.01 PALOS DIAGNOSTIC CENTER 1111821 60.01 61 EMERGENCY 50554742 109521 61 62 OBSERVATION BEDS (NON-DISTINC 1795173 62 63 OUTPATIENT REHAB 3913482 1620 63 63.10 WOUND CARE CENTER 4000651 63.10 63.50 RHC 63.50 63.60 FQHC OTHER REIMBURSABLE COST CENTERS	59.30	OUTSIDE SERVICES		3885724		1012	2		
60 CLINIC 978349 551 60 60.01 PALOS DIAGNOSTIC CENTER 1111821 60.01 61 EMERGENCY 50554742 109521 61 62 OBSERVATION BEDS (NON-DISTINC 1795173 62 63 OUTPATIENT REHAB 3913482 1620 63 63.10 WOUND CARE CENTER 4000651 63.10 63.50 RHC 63.60 FQHC OTHER REIMBURSABLE COST CENTERS	59.40								59.40
60.01 PALOS DIAGNOSTIC CENTER 1111821 60.01 61 EMERGENCY 50554742 109521 61 62 OBSERVATION BEDS (NON-DISTINC 1795173 62 63 OUTPATIENT REHAB 3913482 1620 63 63.10 WOUND CARE CENTER 4000651 63.10 63.50 RHC 63.60 OTHER REIMBURSABLE COST CENTERS		OUTPATIENT SERVICE COST CENTERS							
61 EMERGENCY 50554742 109521 61 62 OBSERVATION BEDS (NON-DISTINC 1795173 62 63 OUTPATIENT REHAB 3913482 1620 63 63.10 WOUND CARE CENTER 4000651 63.10 63.50 RHC 63.60 FQHC 63.60 OTHER REIMBURSABLE COST CENTERS	60	CLINIC		978349		55:	l		
62 OBSERVATION BEDS (NON-DISTINC 1795173 62 63 OUTPATIENT REHAB 3913482 1620 63 63.10 WOUND CARE CENTER 4000651 63.10 63.50 RHC 63.50 FQHC 63.60 OTHER REIMBURSABLE COST CENTERS	60.01	PALOS DIAGNOSTIC CENTER		1111821					
63 OUTPATIENT REHAB 3913482 1620 63 63.10 WOUND CARE CENTER 4000651 63.10 63.50 RHC 63.60 FQHC 63.60 OTHER REIMBURSABLE COST CENTERS						10952	l		
63.10 WOUND CARE CENTER 4000651 63.10 63.50 RHC 63.60 FQHC 63.60 OTHER REIMBURSABLE COST CENTERS									
63.50 RHC 63.60 FQHC 0THER REIMBURSABLE COST CENTERS 63.60	0.5					1620)		0.5
63.60 FQHC 63.60 OTHER REIMBURSABLE COST CENTERS				4000651					
OTHER REIMBURSABLE COST CENTERS									
	63.60	~ -							63.60
101 TOTAL 520025672 1095043 101									
	101	TOTAL		520025672		1095043	3		101

63.50 RHC

101

63.60 FQHC

TOTAL

OTHER REIMBURSABLE COST CENTERS

VERSION: 2008.05 11/30/2008 12:00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D

63.10

63.50

63.60

101

[] TITLE V
[XX] TITLE XVIII-PT A [] HOSPITAL [] [XX] SUB I (14-S179) [] [] SUB II [] CHECK SUB TV PPS APPLICABLE SNF TEFRA [] SUB II [] SUB III NF [] ICF/MR OUTPATIENT OUTPATIENT OUTPATIENT OUTPATIENT OUTPATIENT PROGRAM PASS THROUGH PROGRAM PASS THROUGH PROGRAM PASS THROUGH COST CENTER DESCRIPTION PROGRAM PROGRAM CHARGES CHARGES COSTS COSTS COSTS 8.02 8.01 9.01 ANCILLARY SERVICE COST CENTERS OPERATING ROOM 39 DELIVERY ROOM & LABOR ROOM 39 40 ANESTHESIOLOGY 40 RADIOLOGY-DIAGNOSTIC 41 41 41.01 BREAST HEALTH CENTER 41.01 42 RADIOLOGY-THERAPEUTIC 42 43 RADIOISOTOR 43.10 ULTRASOUND RADIOISOTOPE 43 43.10 43.20 CT SCAN 43.20 43.30 CATH LAB 43.30 T.ABORATORY 44 44 46.30 BLOOD CLOTTING FACTORS ADMIN 46.30 RESPIRATORY THERAPY 49 49.01 SLEEP LAB 50 PHYSICAL THERAPY 49.01 50 OCCUPATIONAL THERAPY 51 SPEECH PATHOLOGY 52 53 ELECTROCARDIOLOGY 53 53.01 C-PORT 53.01 ELECTROENCEPHALOGRAPHY MEDICAL SUPPLIES CHARGED TO P DRUGS CHARGED TO PATIENTS RENAL DIALYSIS 55 55 56 56 57 ASC (NON-DISTINCT PART) 58.10 GI LAB
59 ENTEROSTOMAL THERAPY 58.10 59 59.10 NEUROLOGY 59.10 59.20 EMG 59.20 59.30 OUTSIDE SERVICES 59.30 59.40 AUDIOLOGY 59.40 OUTPATIENT SERVICE COST CENTERS 60 CLINIC 60.01 PALOS DIAGNOSTIC CENTER 60 60.01 EMERGENCY 61 61 OBSERVATION BEDS (NON-DISTINC 62 63 OUTPATIENT REHAB 63.10 WOUND CARE CENTER 63

KPMG LLP COMPU-MAX MICRO SYSTEM IN LIEU OF FORM CMS-2552-96 (9/97) VERSION: 2008.05 11/30/2008 12:00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS

WORKSHEET D PART I

CHECK [] TITLE V

APPLICABLE TITLE XVIII-PT A

BOXES [XX] ----- OLD CAPITAL ---------- NEW CAPITAL -----REDUCED REDUCED CAPITAL SWING-BED CAPITAL CAPITAL SWING-BED CAPITAL COST CENTER DESCRIPTION RELATED ADJUSTMENT RELATED RELATED ADJUSTMENT RELATED COST COST COST COST 1 3 4 5 6 INPAT ROUTINE SERV COST CTRS 25 26 ADULTS & PEDIATRICS INTENSIVE CARE UNIT 3221916 3221916 25 640773 26 640773 27 CORONARY CARE UNIT 27 28 29 BURN INTENSIVE CARE UNIT 28 29 SURGICAL INTENSIVE CARE UNIT 29.10 NICU 102537 102537 29.10 30 OTHER SPECIAL CARE (SPECIFY) 30 31 33 SUBPROVIDER I 345212 345212 31 33 NURSERY 36233 36233 TOTAL 4346671 4346671 ---- OLD CAPITAL -------- NEW CAPITAL ----INPATIENT INPATIENT TOTAL. TNPATTENT PER PROGRAM PER PROGRAM COST CENTER DESCRIPTION PROGRAM PATTENT CAPITAL CAPITAL DIEM DIEM DAYS DAYS COST COST 11 9 10 12 INPAT ROUTINE SERV COST CTRS ADULTS & PEDIATRICS 54129 6700 398784 26 27 28 26 27 INTENSIVE CARE UNIT 7551 746 84.86 63306 CORONARY CARE UNIT BURN INTENSIVE CARE UNIT 28 29 SURGICAL INTENSIVE CARE UNIT 29.10 NICU 1420 1090 72.21 78709 29.10 OTHER SPECIAL CARE (SPECIFY) 30 30 31 SUBPROVIDER I 4345 79.45 31 33 NURSERY 2231 1193 16.24 19374 33 101 TOTAL 69676 9729 560173 101

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

WORKSHEET D PART II

CHECK APPLICABLE BOXES

		OLD	NEW			OLD CAP			ITAL	
	COOR COMMED DESCRIPTION	CAPITAL RELATED	CAPITAL	TOTAL	INPATIENT PROGRAM	RATIO OF COST TO	CADIMAI	RATIO OF COST TO	CADIMAI	
	COST CENTER DESCRIPTION	COST	COST		CHARGES	CHARGES	CAPITAL		CAPITAL COSTS	
		1	2	CHARGES 3	4	CHARGES 5	6	7	8	
		Τ.	2	3	4	5	0	/	0	
	ANCILLARY SERVICE COST CENTERS									
37	OPERATING ROOM		1844619	66279440				.027831		37
39	DELIVERY ROOM & LABOR ROOM		482437	12116782				.039816		39
40	ANESTHESIOLOGY			15483726				.010931		40
41	RADIOLOGY-DIAGNOSTIC		1555843	28961029				.053722		41
	BREAST HEALTH CENTER		1333043	20001020				.033722		41.01
42	RADIOLOGY-THERAPEUTIC		855865	19560305				.043755		42
43	RADIOISOTOPE		326952	11600443				.028184		43
	ULTRASOUND		240127	16527645				.014529		43.10
	CT SCAN		473115	45157841				.014323		43.20
	CATH LAB		140753	5330201				.026407		43.30
43.30	LABORATORY		707057					.008099		43.30
	BLOOD CLOTTING FACTORS ADMIN		707037	0/302900				.000099		46.30
49.30	RESPIRATORY THERAPY		359908	23648175				.015219		49.30
	SLEEP LAB		19988	948504				.015219		49.01
50	PHYSICAL THERAPY		206628	6882898				.030020		50
50 51	PHISICAL THERAPI		200028	6882898				.030020		50
51 52	OCCUPATIONAL THERAPY		10000	1137142				.016886		51 52
52 53	OCCUPATIONAL THERAPY SPEECH PATHOLOGY ELECTROCARDIOLOGY		19202	18150351				.010886		52 53
53	C-PORT		198358	18150351				.010929		53 53.01
			E03E0	1102005				0.405.65		53.01
54	ELECTROENCEPHALOGRAPHY		50358	1183095				.042565		54 55
55	MEDICAL SUPPLIES CHARGED TO P		355086	1969895				.180256		55 56
56 57	DRUGS CHARGED TO PATIENTS		437507 54567	72759858				.006013		56 57
5 / 58	RENAL DIALYSIS		54567	2521516				.021641		5 / 58
	ASC (NON-DISTINCT PART)		47636	107509				.443088		
	GI LAB		370319	16156475				.022921		58.10
59	ENTEROSTOMAL THERAPY									59
	NEUROLOGY									59.10
59.20			0.000					0.71110		59.20
	OUTSIDE SERVICES		276349	3885724				.071119		59.30
59.40	AUDIOLOGY									59.40
	OUTPATIENT SERVICE COST CENTERS									
60	CLINIC		108832	978349				.111240		60
	PALOS DIAGNOSTIC CENTER			1111821				.024912		60.01
61	EMERGENCY		615650	50554742				.012178		61
62	OBSERVATION BEDS (NON-DISTINC		77617	1795173				.043237		62
63	OUTPATIENT REHAB		339423 64750	3913482				.086732		63
	WOUND CARE CENTER		64750	4000651				.016185		63.10
63.50										63.50
63.60										63.60
	OTHER REIMBURSABLE COST CENTERS									
101	TOTAL		10425904	520025672						101

PROVIDER NO. 14-0179 LITTLE COMPANY OF MARY
PERIOD FROM 07/01/2007 TO 06/30/2008 KPMG LLP COMPU-MAX MICRO SYSTEM
IN LIEU OF FORM CMS-2552-96 (11/98) VERSION: 2008.05 11/30/2008 12:00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D PART III

CHECK [] TITLE V
APPLICABLE [] TITLE XVIII-PT A
BOXES [XX] TITLE XIX

	COST CENTER DESCRIPTION	NONPHYSICIAN ANESTHETIST COST 1	MEDICAL EDUCATION COST 2	SWING-BED ADJUSTMENT AMOUNT 3	TOTAL COSTS 4	TOTAL PATIENT DAYS 5	PER DIEM 6	INPATIENT PROGRAM DAYS 7	INPATIENT PROGRAM PASS THRU COSTS 8	
	INPAT ROUTINE SERV COST CTRS									
25	ADULTS & PEDIATRICS					54129		6700		25
26	INTENSIVE CARE UNIT					7551		746		26
27	CORONARY CARE UNIT									27
28	BURN INTENSIVE CARE UNIT									28
29	SURGICAL INTENSIVE CARE UNIT									29
29.10	NICU					1420		1090		29.10
30	OTHER SPECIAL CARE (SPECIFY)									30
31	SUBPROVIDER I					4345				31
33	NURSERY					2231		1193		33
34	SKILLED NURSING FACILITY									34
35	NURSING FACILITY									35
101	TOTAL					69676		9729	1	.01

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D PART IV

CHECK APPLICA BOXES	[] TITLE V ABLE [] TITLE XVI [XX] TITLE XIX	III-PT A [XX] HOSPITAL] SUB I] SUB II] SUB III	(14-0179)	[] [] []	SUB IV SNF NF ICF/MR		[] PPS [] TEFRA [] OTHER	
	COST CENTER DESCRIPTION	NONPHYSICIAN ANESTHETIST COST 1	OUTPATIENT NONPHYSICIAN ANESTHETIST COST 1.01			N/A 2.01	N/A 2.02	N/A 2.03	TOTAL COSTS 3
42 43 43.10 43.20 43.30 44 46.30 51 52 53 53.01 54 55 56 57 58 58.10 59.20 59.30 59.40 60.01 61 62 63 63.50	OUTSIDE SERVICES AUDIOLOGY OUTPATIENT SERVICE COST CENTERS CLINIC PALOS DIAGNOSTIC CENTER EMERGENCY OBSERVATION BEDS (NON-DISTINC OUTPATIENT REHAB WOUND CARE CENTER RHC	3							37 39 40 41 41.01 42 43 43.10 43.20 43.30 44 46.30 49.01 50 51 52 53 53.01 54 55 56 57 58 58.10 59.20 59.30 59.40
63.60	FQHC OTHER REIMBURSABLE COST CENTERS TOTAL	3							63.60 101

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D PART IV

CHECK	[]	TITLE V	[XX]	HOSPITAL (14-0179)	[]	SUB IV]]	PPS
APPLICABLE	[]	TITLE XVIII-PT A	[]	SUB I	[]	SNF	[]	TEFRA
BOXES	[XX]	TITLE XIX	[]	SUB II	[]	NF	[]	OTHER
			[]	SUB III	[]	ICF/MR			

	COST CENTER DESCRIPTION	OUTPATIENT PASS THROUGH COSTS 3.01	TOTAL CHARGES 4	RATIO OF COST TO CHARGES 5	OUTPATIENT RATIO OF COST TO CHARGES 5.01	PROGRAM CHARGES	PASS THROUGH	OUTPATIENT PROGRAM CHARGES 8	
42 43 43.10 43.20 43.30 44 66.30 49.01 50 51 52 53 53.01 54 55 56 57 58.10 59.20 59.20 59.30	ANCILLARY SERVICE COST CENTERS OPERATING ROOM ELIVERY ROOM & LABOR ROOM ANESTHESIOLOGY RADIOLOGY-DIAGNOSTIC BREAST HEALTH CENTER RADIOLOGY-THERAPEUTIC RADIOTSOTOPE ULTRASOUND CT SCAN CATH LAB LABORATORY BLOOD CLOTTING FACTORS ADMIN RESPIRATORY THERAPY SLEEP LAB PHYSICAL THERAPY OCCUPATIONAL THERAPY SPEECH PATHOLOGY ELECTROCARDIOLOGY C-PORT ELECTROCARDIOLOGY C-PORT ELECTROENCEPHALOGRAPHY MEDICAL SUPPLIES CHARGED TO P DRUGS CHARGED TO PATIENTS RENAL DIALYSIS ASC (NON-DISTINCT PART) GI LAB ENTEROSTOMAL THERAPY NEUROLOGY EMG OUTSIDE SERVICES AUDIOLOGY CHOT		66279440 12116782 15483726 28961029 19560305 11600443 16527645 45157841 5330201 87302900 23648175 948504 6882898 1137142 18150351 1183095 1969895 72759858 2521516 107509 16156475						37 39 40 41 41.01 42 43 43.10 43.20 43.30 44 6.30 49 9 49.01 50 51 52 53 53.01 54 55 56 57 58.10 59.10 59.20 59.30 59.40
62 63	CLINIC PALOS DIAGNOSTIC CENTER EMERGENCY OBSERVATION BEDS (NON-DISTINC OUTPATIENT REHAB WOUND CARE CENTER RHC FQHC		978349 1111821 50554742 1795173 3913482 4000651						60 60.01 61 62 63 63.10 63.50 63.60
101	OTHER REIMBURSABLE COST CENTERS TOTAL		520025672						101

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D PART IV

CHECK [] TITLE V APPLICABLE [] TITLE XVIII-PT A BOXES [XX] TITLE XIX	[XX] HOSPITAL (14-0179) [] SUB I [] SUB II [] SUB III	[] SUB IV [] SNF [] NF [] ICF/MR	[] PPS [] TEFRA [] OTHER	
COST CENTER DESCRIPTION	OUTPATIENT OUTPATIENT PROGRAM PROGRAM CHARGES CHARGES 8.01 8.02	OUTPATIENT PROGRAM PASS THROUGH COSTS 9	OUTPATIENT OUTPATIENT PROGRAM PASS THROUGH COSTS COSTS 9.01 9.02	
ANCILLARY SERVICE COST CENTERS 37 OPERATING ROOM 39 DELIVERY ROOM & LABOR ROOM 40 ANDESTHESIOLOGY 41 RADIOLOGY-DIAGNOSTIC 41.01 BREAST HEALTH CENTER 42 RADIOLOGY-THERAPEUTIC 43 RADIOISOTOPE 43.10 ULTRASOUND 43.20 CT SCAN 43.30 CATH LAB 44 LABORATORY 46.30 BLOOD CLOTTING FACTORS ADMIN 78 RESPIRATORY THERAPY 49.01 SLEEP LAB 50 PHYSICAL THERAPY 51 OCCUPATIONAL THERAPY 52 SPEECH PATHOLOGY 53 ELECTROCARDIOLOGY 53.01 C-PORT 54 ELECTROENCEPHALOGRAPHY 55 MEDICAL SUPPLIES CHARGED TO P 56 DRUGS CHARGED TO PATIENTS 57 RENAL DIALYSIS 58 ASC (NON-DISTINCT PART) 58.10 GI LAB 59 ENTEROSTOMAL THERAPY 59.10 NEUROLOGY 59.20 EMG 59.30 OUTSIDE SERVICES 59.40 AUDIOLOGY				37 39 40 41 41.01 42 43 43.10 43.30 44 46.30 49 49.01 50 51 52 53 53.01 54 55 56 57 58 58.10 59 59.10 59.30 59.40
OUTPATIENT SERVICE COST CENTERS 60 CLINIC 60.01 PALOS DIAGNOSTIC CENTER 61 EMERGENCY 62 OBSERVATION BEDS (NON-DISTINC 63 OUTPATIENT REHAB 63.10 WOUND CARE CENTER 63.50 RHC 63.60 FQHC OTHER REIMBURSABLE COST CENTERS				60 60.01 61 62 63 63.10 63.50 63.60
101 TOTAL				101

WORKSHEET D-1

 KPMG LLP COMPU-MAX MICRO SYSTEM
 VERSION: 2008.05

 IN LIEU OF FORM CMS-2552-96 (11/98)
 11/30/2008 12:00
 PROVIDER NO. 14-0179 LITTLE COMPANY OF MARY PERIOD FROM 07/01/2007 TO 06/30/2008

COMPUTATION OF INPATIENT OPERATING COST

[] TITLE V-IN	IPT [XX] TITL	E XVIII-PAI	RT A	[] TIT	TLE XIX-IN	PT		PART I
PART I - ALL PROVIDER COMPONENTS		HOSPITAL (PPS) (14-0179)	(TEFRA)	SUB II	SUB III	SUB IV	SNF	
INPATIENT DAYS		1	1	1	1	1	1	
1 INPATIENT DAYS (INCLUDING PRIVATE ROOM EXCLUDING NEWBORN)	1 DAYS AND SWING-BED DAYS	54129	4345					1
2 INPATIENT DAYS (INCLUDING PRIVATE ROOM BED AND NEWBORN DAYS)		54129	4345					2
3 PRIVATE ROOM DAYS (EXCLUDING SWING-BED 4 SEMI-PRIVATE ROOM DAYS (EXCLUDING SWIN 5 TOTAL SWING-BED SNF-TYPE INPATIENT DAY ROOM DAYS) THROUGH DECEMBER 31 OF THE	NG-BED PRIVATE ROOM DAYS) 'S (INCLUDING PRIVATE	54129	4345					3 4 5
6 TOTAL SWING-BED SNF-TYPE INPATIENT DAY ROOM DAYS) AFTER DECEMBER 31 OF THE CO	S (INCLUDING PRIVATE							6
7 TOTAL SWING-BED NF-TYPE INPATIENT DAYS ROOM DAYS) THROUGH DECEMBER 31 OF THE	G (INCL PRIVATE							7
8 TOTAL SWING-BED NF-TYPE INPATIENT DAYS ROOM DAYS) AFTER DECEMBER 31 OF THE CO	G (INCL PRIVATE							8
9 INPATIENT DAYS INCLUDING PRIVATE ROOM PROGRAM (EXCLUDING SWING-BED AND NEWBO	DAYS APPLICABLE TO THE	30735	1957					9
10 SWING-BED SNF-TYPE INPATIENT DAYS APPL ONLY (INCLUDING PRIVATE ROOM DAYS) THR COST REPORTING PERIOD	ICABLE TO TITLE XVIII							10
11 SWING-BED SNF-TYPE INPATIENT DAYS APPL ONLY (INCLUDING PRIVATE ROOM DAYS) AFT								11
COST REPORTING PERIOD 12 SWING-BED NF-TYPE INPATIENT DAYS APPLI ONLY (INCLUDING PRIVATE ROOM DAYS) THR								12
COST REPORTING PERIOD 13 SWING-BED NF-TYPE INPATIENT DAYS APPLI ONLY (INCLUDING PRIVATE ROOM DAYS) AFT								13
COST REPORTING PERIOD 14 MEDICALLY NECESSARY PRIVATE ROOM DAYS	APPLICABLE TO THE							14
PROGRAM (EXCLUDING SWING-BED DAYS) 15 TOTAL NURSERY DAYS								15
16 TITLE V OR XIX NURSERY DAYS								16

33 AVERAGE SEMI-PRIVATE ROOM PER DIEM CHARGE
34 AVERAGE PER DIEM PRIVATE ROOM CHARGE DIFFERENTIAL
35 AVERAGE PER DIEM PRIVATE ROOM COST DIFFERENTIAL

AND PRIVATE ROOM COST DIFFERENTIAL

36 PRIVATE ROOM COST DIFFERENTIAL ADJUSTMENT
37 GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST 35885530 3075296

KPMG LLP COMPU-MAX MICRO SYSTEM IN LIEU OF FORM CMS-2552-96 (11/98)

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COMPUTATION OF INPATIENT OPERATING COST

WORKSHEET D-1 PART I (CONT)

33 34 35

36

[] TITLE V-INPT [XX] TITLE XVIII-PART A [] TITLE XIX-INPT

[] IIIDE V-INFI	[XX] IIILE XVIII-PA	KI A	[] 11	IDE VIV-IN	IF I		
PART I - ALL PROVIDER COMPONENTS	HOSPITAL (PPS) (14-0179)	(TEFRA)		SUB III	SUB IV	SNF	
SWING-BED ADJUSTMENT	, , ,		1	1	1	1	
17 MEDICARE RATE FOR SWING-BED SNF SERVICES APPLICABLE T							17
SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PE 18 MEDICARE RATE FOR SWING-BED SNF SERVICES APPLICABLE T							18
SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERI 19 MEDICAID RATE FOR SWING-BED NF SERVICES APPLICABLE TO							19
SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PE 20 MEDICAID RATE FOR SWING-BED NF SERVICES APPLICABLE TO							20
SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERI 21 TOTAL GENERAL INPATIENT ROUTINE SERVICE COST	IOD 35885530	307529	6				21
22 SWING-BED COST APPLICABLE TO SNF-TYPE SERVICES THROUG DECEMBER 31 OF THE COST REPORTING PERIOD	GH						22
23 SWING-BED COST APPLICABLE TO SNF-TYPE SERVICES AFTER							23
DECEMBER 31 OF THE COST REPORTING PERIOD 24 SWING-BED COST APPLICABLE TO NF-TYPE SERVICES THROUGH	H						24
DECEMBER 31 OF THE COST REPORTING PERIOD 25 SWING-BED COST APPLICABLE TO NF-TYPE SERVICES AFTER							25
DECEMBER 31 OF THE COST REPORTING PERIOD 26 TOTAL SWING-BED COST							26
27 GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-B	BED COST 35885530	307529	6				27
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT	г						
28 GENERAL INPATIENT ROUTINE SERVICE CHARGES	45845843	308038	9				28
(EXCLUDING SWING-BED CHARGES) 29 PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)							29
30 SEMI-PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGE 31 GENERAL INPATIENT ROUTINE SERVICE COST/CHARGE RATIO	ES) .782743	.99834	7				30 31
32 AVERAGE PRIVATE ROOM PER DIEM CHARGE 33 AVERAGE SEMI-PRIVATE ROOM PER DIEM CHARGE							32 33

 KPMG LLP COMPU-MAX MICRO SYSTEM
 VERSION: 2008.05

 IN LIEU OF FORM CMS-2552-96 (11/98)
 11/30/2008 12:00

WORKSHEET D-1 COMDITATION OF INDATIFME OPERATING COST

	COMPUTATION OF INPATIENT	r operatino	COST				WORKSHEET D-1
	[] TITLE V-INPT [XX] TITLE XV	VIII-PART A] 4] TITLE	E XIX-INPT		PART II
PART		HOSPITAL (PPS) (14-0179)((TEFRA)		SUB III	SUB IV	
	PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS				1	1	
38 39 40	ADJUSTED GENERAL INPATIENT ROUTINE SERVICE COST PER DIEM PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST MEDICALLY NECESSARY PRIVATE ROOM COST APPLICABLE TO THE PROGRAM	20376076	707.78 1385125				38 39 40
41	TOTAL PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST		1385125				41
		I/E	COST	I/P DAYS	AVERAGE PER DIEM 3	DAYS	PROGRAM COST 5
42	NURSERY (TITLES V AND XIX ONLY) INTENSIVE CARE TYPE INPATIENT HOSPITAL UNITS						42
43 44 45 46	INTENSIVE CARE UNIT CORONARY CARE UNIT BURN INTENSIVE CARE UNIT SURGICAL INTENSIVE CARE UNIT	9572	2790	7551	1267.75	4366	5534997 43 44 45 46
46.10 47	NICU OTHER SPECIAL CARE (SPECIFY)	1874	1371	1420	1319.98		46.10 47
		(PPS) (14-0179	AL SUB I (TEFRA 9)(14-S17	.) 9)	II SUB II		
			1	1	1	1	
48 49	PROGRAM INPATIENT ANCILLARY SERVICE COST TOTAL PROGRAM INPATIENT COSTS	27595628 53506701					48 49
	PASS THROUGH COST ADJUSTMENTS						
50	PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ROUTINE SERVICES	2199846	155484				50
51	PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ANCILLARY SERVICES	2618908	13291				51
52 53		4818754 48687947					52 53

WORKSHEET D-1

KPMG LLP COMPU-MAX MICRO SYSTEM IN LIEU OF FORM CMS-2552-96 (11/98) PROVIDER NO. 14-0179 LITTLE COMPANY OF MARY PERIOD FROM 07/01/2007 TO 06/30/2008 VERSION: 2008.05 11/30/2008 12:00 COMPUTATION OF INPATIENT OPERATING COST

	[] TITLE V-INPT [XX] TITLE	XVIII-PART A [] TITLE	XIX-INPT		PART II (CONT)
PART	II - HOSPITAL AND SUBPROVIDERS ONLY	HOSPITAL SUB I (PPS) (TEFRA) (14-0179)(14-S179)		SUB III	SUB IV	
54 55 56 57	TARGET AMOUNT AND LIMITATION COMPUTATION PROGRAM DISCHARGES TARGET AMOUNT PER DISCHARGE TARGET AMOUNT DIFFERENCE BETWEEN ADJUSTED INPATIENT OPERATING COST AND	1 1 248 11630.78 2884433	1	1	1	54 55 56 57
58 58.01	TARGET AMOUNT BONUS PAYMENT LESSER OF LINE 53/LINE 54 OR LINE 55 FROM THE COST REPORTING PERIOD ENDING 1996, UPDATED & COMPOUNDED BY THE MARKET BASKET					58 58.01
	LESSER OF LINE 53/LINE 54 OR LINE 55 FROM PRIOR YEAR COST REPORT UPDATED BY THE MARKET BASKET					58.02
58.03	IF LINE 53/LINE 54 IS LESS THAN THE LOWER OF LINES 55, 58.01 OR 58.02, THE LESSER OF 50% OF THE AMOUNT BY WHICH OPERATING COSTS ARE LESS THAN EXPECTED COSTS, OR 1% OF THE TARGET AMOUNT BY THE TARGET BY THE	NT				58.03
59 59.01 59.02 59.03 59.04 59.05 59.06	RELIEF PAYMENT ALLOWABLE INPATIENT COST PLUS INCENTIVE PAYMENT ALLOWABLE INPATIENT COST PER DISCHARGE (LTCH ONLY) PROGRAM DISCHARGES PRIOR TO JULY 1 PROGRAM DISCHARGES AFTER JULY 1 PROGRAM DISCHARGES (SEE INSTRUCTIONS) REDUCED INPAT COST PER DISCH. FOR DISCHARGES PRIOR TO JULY 1 REDUCED INPAT COST PER DISCHARGE FOR DISCHARGES AFTER JULY 1 REDUCED INPAT COST PER DISCHARGE (SEE INSTR.) (LTCH ONLY) REDUCED INPATIENT COST PLUS INCENTIVE PAYMENT (SEE INSTR.)	1621503				58.04 59 59.01 59.02 59.03 59.04 59.05 59.05 59.06
	PROGRAM INPATIENT ROUTINE SWING BED COS	ST				
60	MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD					60
61	MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS AFTER DECEMBER 31 OF THE COST REPORTING PERIOD					61
62 63	TOTAL MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD					62 63
64	TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS AFTER DECEMBER 31 OF THE COST REPORTING PERIOD					64
65	TOTAL TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS					65

PROVIDER NO. 14-0179 LITTLE COMPANY OF MARY KPMG LLP COMPU-MAX MICRO SYSTEM VERSION: 2008.05 PERIOD FROM 07/01/2007 TO 06/30/2008 IN LIEU OF FORM CMS-2552-96 (11/98) 11/30/2008 12:00

WORKSHEET D-1 PARTS III & IV

COMPUTATION OF INPATIENT OPERATING COST [] TITLE V-INPT [XX] TITLE XVIII-PART A [] TITLE XIX-INPT

PART III - SKILLED NURSING FACILITY, NURSING FACILITY AND ICF/MR ONLY SNF

1	
66 SNF/NF/ICF/MR ROUTINE SERVICE COST	66
67 ADJUSTED GENERAL INPATIENT ROUTINE SERVICE COST PER DIEM	67
68 PROGRAM ROUTINE SERVICE COST	68
69 MEDICALLY NECESSARY PRIVATE ROOM COST APPLICABLE TO PROGRAM	69
70 TOTAL PROGRAM GENERAL INPATIENT ROUTINE SERVICE COSTS	70
71 CAPITAL RELATED COST ALLOCATED TO INPATIENT ROUTINE SERV COSTS	71
72 PER DIEM CAPITAL RELATED COSTS	72
73 PROGRAM CAPITAL RELATED COSTS	73
74 INPATIENT ROUTINE SERVICE COST	74
75 AGGREGATE CHARGES TO BENEFICIARIES FOR EXCESS COSTS	75
76 TOTAL PGM ROUTINE SERVICE COSTS FOR COMPARISON TO COST LIMIT	76
77 INPATIENT ROUTINE SERVICE COST PER DIEM LIMITATION	77
78 INPATIENT ROUTINE SERVICE COST LIMITATION	78
79 REASONABLE INPATIENT ROUTINE SERVICE COSTS	79
80 PROGRAM INPATIENT ANCILLARY SERVICES	80
81 UTILIZATION REVIEWPHYSICIAN COMPENSATION	81
82 TOTAL PROGRAM INPATIENT OPERATING COSTS	82

PROVIDER NO. 14-0179 LITTLE COMPANY OF MARY PERIOD FROM $07/01/2007\ \text{TO}\ 06/30/2008$

OLD CAPITAL-RELATED COST NEW CAPITAL-RELATED COST NON PHYSICIAN ANESTHETIST

MEDICAL EDUCATION

86 87 88 KPMG LLP COMPU-MAX MICRO SYSTEM
IN LIEU OF FORM CMS-2552-96 (11/98)

.089783

864500 864500 864500

864500

VERSION: 2008.05 11/30/2008 12:00

COMPUTATION OF INPATIENT OPERATING COST

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86 87 88

77617

[] TITLE V-INPT	[XX] TITLE XVIII-PART	Α [] TITLE XIX-INPT	PARTS II	II & IV
	HOSPITAL (PPS) (14-0179)	(TEFRA)	SUB II SUB III	SUB IV	
	(14 01/5)	1	1 1	1	
PART IV - COMPUTATION OF OBSERVATION BED COST	1	1	1 1	1	
83 TOTAL OBSERVATION BEDS	1304				83
84 ADJUSTED GENERAL INPATIENT ROUTINE COST PER DIEM	662.96				84
85 OBSERVATION BED COST	864500				85
COMPUTATION OF OBSERVATION BED PASS THROUGH CO	OST - HOSPITAL		TOTAL		
	ROUTINE	COLUMN 1	OBSERVATION	OBSERVATION BED	
	COST	DIVIDED BY	Y BED COST	PASS-THROUGH COST	
COST	(FROM LINE 27)	COLUMN 2	(FROM LINE 85)	COL 3 TIMES COL 4	
1	2	3	4	5	

35885530 35885530 35885530

35885530

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 KPMG LLP COMPU-MAX MICRO SYSTEM
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 IN LIEU OF FORM CMS-2552-96 (11/98)
 11/30/2008 12:00
 PROVIDER NO. 14-0179 LITTLE COMPANY OF MARY PERIOD FROM 07/01/2007 TO 06/30/2008

COMPUTATION OF INPATIENT OPERATING COST										
[] TITLE V-INPT [] TITL	E XVIII-PAR	T A	[XX] TI	TLE XIX-IN	IPT		PART I			
PART I - ALL PROVIDER COMPONENTS										
	HOSPITAL (OTHER) (14-0179)	SUB I	SUB II	SUB III	SUB IV	NF				
INPATIENT DAYS	1	1	1	1	1	1				
1 INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS AND SWING-BED DAYS EXCLUDING NEWBORN)	54129						1			
2 INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS, EXCLUDING SWING BED AND NEWBORN DAYS)	54129						2			
3 PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS) 4 SEMI-PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS) 5 TOTAL SWING-BED SNF-TYPE INPATIENT DAYS (INCLUDING PRIVATE	54129						3 4 5			
ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD 6 TOTAL SWING-BED SNF-TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD							6			
7 TOTAL SWING-BED NF-TYPE INPATIENT DAYS (INCL PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD							7			
8 TOTAL SWING-BED NF-TYPE INPATIENT DAYS (INCL PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD							8			
9 INPATIENT DAYS INCLUDING PRIVATE ROOM DAYS APPLICABLE TO THE PROGRAM (EXCLUDING SWING-BED AND NEWBORN DAYS)	6700						9			
10 SWING-BED SNF-TYPE INPATIENT DAYS APPLICABLE TO TITLE XVIII ONLY (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD							10			
11 SWING-BED SNF-TYPE INPATIENT DAYS APPLICABLE TO TITLE XVIII ONLY (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD							11			
12 SWING-BED NF-TYPE INPATIENT DAYS APPLICABLE TO TITLES V OR XIX ONLY (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD							12			
13 SWING-BED NF-TYPE INPATIENT DAYS APPLICABLE TO TITLES V OR XIX ONLY (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD							13			
14 MEDICALLY NECESSARY PRIVATE ROOM DAYS APPLICABLE TO THE PROGRAM (EXCLUDING SWING-BED DAYS)							14			
15 TOTAL NURSERY DAYS 16 TITLE V OR XIX NURSERY DAYS	2231 1193						15 16			

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COMPUTATION OF INPATIENT OPERATING COST WORKSHEET D-1

COMPONI	11014 01 1141711	IDINI OIDIGII	1110 0001					PART I (CONT)
[] TITLE V-INPT	[] TITL	E XVIII-PAR	T A	[XX] TI	TLE XIX-IN	IPT		PART 1 (CONT)
PART I - ALL PROVIDER COMPONENTS		HOSPITAL (OTHER) (14-0179)	SUB I	SUB II	SUB III	SUB IV	NF	
SWING-BED ADJUSTMENT		1	1	1	1	1	1	
17 MEDICARE RATE FOR SWING-BED SNF SERVICES APPLICAE SERVICES THROUGH DECEMBER 31 OF THE COST REPORTIN								17
18 MEDICARE RATE FOR SWING-BED SNF SERVICES APPLICAE SERVICES AFTER DECEMBER 31 OF THE COST REPORTING								18
19 MEDICAID RATE FOR SWING-BED NF SERVICES APPLICABL SERVICES THROUGH DECEMBER 31 OF THE COST REPORTIN								19
20 MEDICAID RATE FOR SWING-BED NF SERVICES APPLICABL SERVICES AFTER DECEMBER 31 OF THE COST REPORTING								20
21 TOTAL GENERAL INPATIENT ROUTINE SERVICE COST 22 SWING-BED COST APPLICABLE TO SNF-TYPE SERVICES TH	ROUGH	35874366						21 22
DECEMBER 31 OF THE COST REPORTING PERIOD 23 SWING-BED COST APPLICABLE TO SNF-TYPE SERVICES AF	TER							23
DECEMBER 31 OF THE COST REPORTING PERIOD 24 SWING-BED COST APPLICABLE TO NF-TYPE SERVICES THR	OUGH							24
DECEMBER 31 OF THE COST REPORTING PERIOD 25 SWING-BED COST APPLICABLE TO NF-TYPE SERVICES AFT	ER							25
DECEMBER 31 OF THE COST REPORTING PERIOD 26 TOTAL SWING-BED COST								26
27 GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWI		35874366						27
PRIVATE ROOM DIFFERENTIAL ADJUST	MENT							
28 GENERAL INPATIENT ROUTINE SERVICE CHARGES (EXCLUDING SWING-BED CHARGES)		45845843						28
29 PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES 30 SEMI-PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CH 31 GENERAL INPATIENT ROUTINE SERVICE COST/CHARGE RAT 32 AVERAGE PRIVATE ROOM PER DIEM CHARGE 33 AVERAGE SEMI-PRIVATE ROOM PER DIEM CHARGE 34 AVERAGE PER DIEM PRIVATE ROOM COST DIFFERENTIAL 35 AVERAGE PER DIEM PRIVATE ROOM COST DIFFERENTIAL 36 PRIVATE ROOM COST DIFFERENTIAL 37 GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWI	ARGES)							29 30 31 32 33 34 35 36 37
AND PRIVATE ROOM COST DIFFERENTIAL		33071300						3,

KPMG LLP COMPU-MAX MICRO SYSTEM IN LIEU OF FORM CMS-2552-96 (11/98) VERSION: 2008.05 11/30/2008 12:00 PROVIDER NO. 14-0179 LITTLE COMPANY OF MARY PERIOD FROM $07/01/2007\ \text{TO}\ 06/30/2008$

COMPUTATION OF INPATIENT OPERATING COST									
	[] TITLE V-INPT [] TITLE XV	III-PART A		[XX] TITL	E XIX-INPT		PART II		
PART	II - HOSPITAL AND SUBPROVIDERS ONLY	HOSPITAL (OTHER) (14-0179)	SUB I	SUB II	SUB III	SUB IV			
	PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS	1	1	1	1	1			
38 39	PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST	662.76 4440492					38 39		
40 41	MEDICALLY NECESSARY PRIVATE ROOM COST APPLICABLE TO THE PROGRAM TOTAL PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST	4440492					40 41		
		I/P	TAL COST 1		PER DIEM		PROGRAM COST 5		
42	NURSERY (TITLES V AND XIX ONLY) INTENSIVE CARE TYPE INPATIENT HOSPITAL UNITS	900	389	2231	403.58	1193	481471 42		
43 44 45 46	INTENSIVE CARE UNIT CORONARY CARE UNIT BURN INTENSIVE CARE UNIT	9572	790	7551	1267.75	746	945742 43 44 45 46		
	SURGICAL INTENSIVE CARE UNIT NICU OTHER SPECIAL CARE (SPECIFY)	1874	371	1420	1319.98	1090	1438778 46.10 47		
		HOSPITA (OTHER) (14-0179		I SUB	II SUB III	SUB IV			
		1	1	1	1	1			
48 49	PROGRAM INPATIENT ANCILLARY SERVICE COST TOTAL PROGRAM INPATIENT COSTS	7306483					48 49		
	PASS THROUGH COST ADJUSTMENTS								
50	PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ROUTINE SERVICES	560173					50		
51	PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ANCILLARY SERVICES						51		
52 53	TOTAL PROGRAM EXCLUDABLE COST TOTAL PROGRAM INPATIENT OPERATING COST EXCLUDING CAPITAL RELATED, NONPHYSICIAN ANESTHETIST AND MEDICAL EDUCATION COSTS	560173					52 53		

KPMG LLP COMPU-MAX MICRO SYSTEM
IN LIEU OF FORM CMS-2552-96 (11/98) PROVIDER NO. 14-0179 LITTLE COMPANY OF MARY PERIOD FROM 07/01/2007 TO 06/30/2008 VERSION: 2008.05 11/30/2008 12:00 COMPUTATION OF INPATIENT OPERATING COST

WORKSHEET D-1

	confidence of infilial	1 OI BIGITING	CODI				PART II (CONT)
	[] TITLE V-INPT [] TITLE X	VIII-PART A	<u> </u>	[XX] TITLE	XIX-INPT		PARI II (CONI)
PART	II - HOSPITAL AND SUBPROVIDERS ONLY						
		HOSPITAL (OTHER)	SUB I	SUB II	SUB III	SUB IV	
		(14-0179)					
		1	1	1	1	1	
54	PROGRAM DISCHARGES						54
55	TARGET AMOUNT PER DISCHARGE						55
56	TARGET AMOUNT						56
57	DIFFERENCE BETWEEN ADJUSTED INPATIENT OPERATING COST AND TARGET AMOUNT						57
58	BONUS PAYMENT						58
58.01	LESSER OF LINE 53/LINE 54 OR LINE 55 FROM THE COST REPORTING						58.01
	PERIOD ENDING 1996, UPDATED & COMPOUNDED BY THE MARKET BASKET						
58.02	LESSER OF LINE 53/LINE 54 OR LINE 55 FROM PRIOR YEAR COST						58.02
	REPORT UPDATED BY THE MARKET BASKET						
58.03	IF LINE 53/LINE 54 IS LESS THAN THE LOWER OF LINES 55, 58.01						58.03
	OR 58.02, THE LESSER OF 50% OF THE AMOUNT BY WHICH OPERATING						
	COSTS ARE LESS THAN EXPECTED COSTS, OR 1% OF THE TARGET AMOUNT						
58.04	RELIEF PAYMENT						58.04
59	ALLOWABLE INPATIENT COST PLUS INCENTIVE PAYMENT						59
59.01	ALLOWABLE INPATIENT COST PER DISCHARGE (LTCH ONLY)						59.01
59.02	PROGRAM DISCHARGES PRIOR TO JULY 1						59.02
59.03	PROGRAM DISCHARGES AFTER JULY 1						59.03
59.04	PROGRAM DISCHARGES (SEE INSTRUCTIONS)						59.04
59.05	REDUCED INPAT COST PER DISCH. FOR DISCHARGES PRIOR TO JULY 1						59.05
59.06	REDUCED INPAT COST PER DISCHARGE FOR DISCHARGES AFTER JULY 1						59.06
59.07	REDUCED INPAT COST PER DISCHARGE (SEE INSTR.) (LTCH ONLY)						59.07
59.08	REDUCED INPATIENT COST PLUS INCENTIVE PAYMENT (SEE INSTR.)						59.08
	PROGRAM INPATIENT ROUTINE SWING BED COST						
60	MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS THROUGH						60
	DECEMBER 31 OF THE COST REPORTING PERIOD						
61	MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS AFTER						61
	DECEMBER 31 OF THE COST REPORTING PERIOD						
62	TOTAL MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS						62
63	TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS THROUGH						63
	DECEMBER 31 OF THE COST REPORTING PERIOD						
64	TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS AFTER						64
	DECEMBER 31 OF THE COST REPORTING PERIOD						
65	TOTAL TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS						65

KPMG LLP COMPU-MAX MICRO SYSTEM

PARTS III & IV

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[] TITLE V-INPT [] TITLE XVIII-PART A [XX] TITLE XIX-INPT

PART III - SKILLED NURSING FACILITY, NURSING FACILITY AND ICF/MR ONLY

1 66 SNF/NF/ICF/MR ROUTINE SERVICE COST 66 67 ADJUSTED GENERAL INPATIENT ROUTINE SERVICE COST PER DIEM 68 PROGRAM ROUTINE SERVICE COST 68 69 MEDICALLY NECESSARY PRIVATE ROOM COST APPLICABLE TO PROGRAM 69 70 TOTAL PROGRAM GENERAL INPATIENT ROUTINE SERVICE COSTS 70 71 CAPITAL RELATED COST ALLOCATED TO INPATIENT ROUTINE SERV COSTS
72 PER DIEM CAPITAL RELATED COSTS
73 PROGRAM CAPITAL RELATED COSTS 71 72 73 74 75 76 77 78 79 74 INPATIENT ROUTINE SERVICE COST 74 INPATIENT ROUTINE SERVICE COST
75 AGGREGATE CHARGES TO BENEFICIARIES FOR EXCESS COSTS
76 TOTAL PGM ROUTINE SERVICE COSTS FOR COMPARISON TO COST LIMIT
77 INPATIENT ROUTINE SERVICE COST PER DIEM LIMITATION
78 INPATIENT ROUTINE SERVICE COST LIMITATION
79 REASONABLE INPATIENT ROUTINE SERVICE COSTS
80 PROGRAM INPATIENT ANCILLARY SERVICES 80 81 UTILIZATION REVIEW--PHYSICIAN COMPENSATION 82 TOTAL PROGRAM INPATIENT OPERATING COSTS 82

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WORKSHEET D-1 PARTS III & IV

COMPUTATION OF INPATIENT OPERATING COST

[] TITLE V-INPT [] TITLE XVIII-PART A [XX] TITLE XIX-INPT

> HOSPITAL SUB I SUB II SUB III SUB IV (OTHER)

(14-0179)

1 1 1 1 1

PART IV - COMPUTATION OF OBSERVATION BED COST

1304 662.96 83 TOTAL OBSERVATION BEDS 84 ADJUSTED GENERAL INPATIENT ROUTINE COST PER DIEM 85 OBSERVATION BED COST 83 84

864500 85 KPMG LLP COMPU-MAX MICRO SYSTEM
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APPORTIONMENT OF COST OF SERVICES RENDERED BY INTERNS AND RESIDENTS

SUPPLEMENTAL WORKSHEET D-2

PART I - NOT IN APPROVED TEACHING PROGRAM

	COST CENTER	% OF ASSGND TIME	EXPENSE ALLOC	TOTAL INPATIENT DAYS- ALL PATIENTS 3	AVERAGE COST PER DAY		H CARE PE ATIENT DA TITLE XVIII PART B 6		TITLE V 8	TITLE XVIII PART B	TITLE XIX	
1	TOTAL COST OF SERVICES RENDERED HOSPITAL INPATIENT ROUTINE SERV	100.00	2	3	4	5	0	,	0	9	10	1
2 3 4 5	ADULTS & PEDIATRICS INTENSIVE CARE UNIT CORONARY CARE UNIT BURN INTENSIVE CARE UNIT	70.00 10.00 10.00		54129 7551			62200 5881 1973	6700 746				2 3 4 5
6 6.10	SURGICAL INTENSIVE CARE UNIT	10.00		1420			1532	1090				6 6.10
7 8 9	OTHER SPECIAL CARE (SPECIFY) NURSERY SUBTOTAL	100.00		2231				1193				7 8 9
10 12 13 14 15 16 16.10 17 18	SUBPROV I-INPAT ROUTINE SERV SKILLED NURSING FACILITY NURSING FACILITY OTHER LONG TERM CARE HOME HEALTH AGENCY CORF	100.00		4345			1957					10 12 13 14 15 16 16.10 17
	HOSPITAL OUTPATIENT SERVICES:			TOTAL CHARGES	RATIO OF COST TO CHARGES	TITLE TITLE	XVIII P	XIX		V & XIX XVIII PT TITLE XVIII PART B		E
21 22 23 23.10 23.50	CLINIC PALOS DIAGNOSTIC CENTER EMERGENCY OBSERVATION BEDS (NON-DISTINCT OUTPATIENT REHAB WOUND CARE CENTER RHC I FQHC I SUBTOTAL TOTAL	100.00	5	978349 1111821 0554742 1795173 3913482 4000651			438705 616381 15362209 111262 194755 2121906					20 20.01 21 22 23 23.10 23.50 23.60 24

INPATIENT ANCILLARY COST APPORTIONMENT WORKSHEET D-4

[] TITLE V [XX] TITLE XVI [] TITLE XIX	II-PT A	[XX] HOSPITAL [] SUB I [] SUB II [] SUB III [] SUB IV	(14-0179)	[] SNF [] NF [] S/B-SNF [] S/B-NF [] ICF/MR	[XX] PPS [] TEFRA [] OTHER	
COST	CENTER DESCRIPTION		RATIO OF COST TO CHARGES 1	INPATIENT PROGRAM CHARGES 2	INPATIENT PROGRAM COSTS 3	
25 ADULTS (26 INTENSI) 27 CORONAR 29 SURGICA 29.10 NICU 31 SUBPROV				52998709 12440114		25 26 27 29 29.10
37 OPERATI 39 DELIVER 40 ANESTHE	Y ROOM & LABOR ROOM	S	.336278	19357976 48244 3790044 8132701	5999366 16223 222472 2010282	37 39 40 41
41.01 BREAST	HEALTH CENTER GY-THERAPEUTIC DTOPE JND		.227865 .213336 .172150 .064768	8132701 1110999 3156387 2822583 10963291 2590044 25816295	253158 673371 485908 710070	41.01 42 43.10 43.20
43.30 CATH LA 44 LABORAT 46.30 BLOOD C 49 RESPIRA 49.01 SLEEP L	DRY LOTTING FACTORS ADMIN FORY THERAPY	co	.182360 .141873 .163343 .309353	12977502		43.30 44 46.30 49 49.01
50 PHYSICA 51 OCCUPAT 52 SPEECH : 53 ELECTRO	THERAPY IONAL THERAPY PATHOLOGY CARDIOLOGY		.364701 .255827 .116420	2044594 646657 6729623	745665 165432 783463	50 51 52 53
53.01 C-PORT 54 ELECTRO: 55 MEDICAL 56 DRUGS C: 57 RENAL D	ENCEPHALOGRAPHY SUPPLIES CHARGED TO F HARGED TO PATIENTS IALYSIS N-DISTINCT PART)	AT	.174798 .997637 .167369 .386253	215693 928134 29231939 1724371	37703 925941 4892520 666043	53.01 54 55 56 57
59 ENTEROS' 59.10 NEUROLO 59.20 EMG	FOMAL THERAPY GY					58 58.10 59 59.10 59.20
60 97 7777 9	GY ENT SERVICE COST CENTE		. 263545		325296 21378	59.30 59.40
60.01 PALOS D 61 EMERGEN 62 OBSERVA	IAGNOSTIC CENTER CY FION BEDS (NON-DISTING EIMBURSABLE COST CENTE	T ERS	.317861 .170287 .481569	10085 10997645	3206	60.01 61 62
63 OUTPATI 63.10 WOUND C. 63.50 RHC 63.60 FQHC			.607905 .196863	54114	10653	63 63.10 63.50 63.60
101 TOTAL	P CLINIC LAB SVCS-PGM	ONLY CHARGES		147679979 147679979	27595628	101 102 103
100 INDI CHA	COLD			111017717		103

INPATIENT ANCILLARY COST APPORTIONMENT WORKSHEET D-4

[] TITLE V [XX] TITLE XVIII-PT A [] TITLE XIX	[] HOSPITAL [XX] SUB I (14-S [] SUB II [] SUB III [] SUB IV	3179)	[] SNF [] NF [] S/B-SNF [] S/B-NF [] ICF/MR	[] PPS [XX] TEFRA [] OTHER	
COST CENTER DESCRIPTION		TO CHARGES	INPATIENT PROGRAM CHARGES 2		
INPATIENT ROUTINE SERVICE CO 25 ADULTS & PEDIATRICS 26 INTENSIVE CARE UNIT 27 CORONARY CARE UNIT 29 SURGICAL INTENSIVE CARE UNIT 29.10 NICU 31 SUBPROVIDER I ANCILLARY SERVICE COST CENT 37 OPERATING ROOM 39 DELIVERY ROOM & LABOR ROOM 40 ANESTHESIOLOGY 41 RADIOLOGY-DIAGNOSTIC 41.01 BREAST HEALTH CENTER	r		3083389 34050		25 26 27 29 29.10 31 37 39 40 41 41.01
42 RADIOLOGY-THERAPEUTIC 43 RADIOISOTOPE 43.10 ULTRASOUND 43.20 CT SCAN 43.30 CATH LAB 44 LABORATORY		.227865 .213336 .172150 .064768 .175626 .141873	13782 3688 5604 74554 448458	3140 787 965 4829 63624	42 43.10 43.20 43.30 44
46.30 BLOOD CLOTTING FACTORS ADMINA RESPIRATORY THERAPY 49.01 SLEEP LAB 50 PHYSICAL THERAPY	1 CO	.161349 .309353 .364701	17987 34603	2902 12620	46.30 49 49.01 50
51 OCCUPATIONAL THERAPY 52 SPEECH PATHOLOGY 53 ELECTROCARDIOLOGY		.255827 .115289	1812 38524	464 4441	51 52 53 53.01
53.01 C-PORT 54 ELECTROENCEPHALOGRAPHY 55 MEDICAL SUPPLIES CHARGED TO 56 DRUGS CHARGED TO PATIENTS 57 RENAL DIALYSIS 58 ASC (NON-DISTINCT PART)	PAT	.174798 .997637 .167369 .382370	634 4993 295551 978	111 4981 49466 374	54 55 56 57
58 ASC (NON-DISTINCT PART) 58.10 GI LAB 59 ENTEROSTOMAL THERAPY 59.10 NEUROLOGY 59.20 EMG		11.860970 .169134	7121	1204	58 58.10 59 59.10 59.20
59.30 OUTSIDE SERVICES 59.40 AUDIOLOGY OUTPATIENT SERVICE COST CEN	rers		1012	267	59.30 59.40
60 CLINIC 60.01 PALOS DIAGNOSTIC CENTER 61 EMERGENCY 62 OBSERVATION BEDS (NON-DISTI		.838327 .317861 .170287 .481569	551 109521	462 18650	60 60.01 61 62
OTHER REIMBURSABLE COST CENT 63 OUTPATIENT REHAB 63.10 WOUND CARE CENTER 63.50 RHC	TERS	.607905 .186686	1620	985	63 63.10 63.50
63.60 FQHC 101 TOTAL 102 LESS PBP CLINIC LAB SVCS-PG	M ONLY CHARGES		1095043	178689	63.60 101 102
103 NET CHARGES			1095043		103

INPATIENT ANCILLARY COST APPORTIONMENT WORKSHEET D-4

	INFATIENT ANCIDEART COST A					WORRSHEET D 4
[] [[] [[[XX]	CITLE V CITLE XVIII-PT A CITLE XIX					
	COST CENTER DESCRIPTION		RATIO OF COST TO CHARGES 1	INPATIENT PROGRAM CHARGES 2	INPATIENT PROGRAM COSTS 3	
27 29 29.10 31	INPATIENT ROUTINE SERVICE CO: ADULTS & PEDIATRICS INTENSIVE CARE UNIT CORONARY CARE UNIT SURGICAL INTENSIVE CARE UNIT) NICU SUBPROVIDER I ANCILLARY SERVICE COST CENTEI	p.e.				25 26 27 29 29.10
	ANCILLARY SERVICE COST CENTER OPERATING ROOM DELIVERY ROOM & LABOR ROOM ANESTHESIOLOGY RADIOLOGY-DIAGNOSTIC BREAST HEALTH CENTER RADIOLOGY-THERAPEUTIC RADIOISOTOPE ULTRASOUND CT SCAN CATH LAB LABORATORY BLOOD CLOTTING FACTORS ADMIN RESPIRATORY THERAPY SLEEP LAB PHYSICAL THERAPY OCCUPATIONAL THERAPY SPEECH PATHOLOGY ELECTROCARDIOLOGY C-PORT ELECTROCARDIOLOGY DRUGS CHARGED TO PATIENTS RENAL DIALYSIS ASC (NON-DISTINCT PART) GI LAB					37 39 40 41 41.01 42 43 43.10 43.20 43.30 44 46.30 49 49.01 50 51 52 53 53.01 54
59 59.10 59.20 59.30 59.40	ENTEROSTOMAL THERAPY) NEUROLOGY) EMG) OUTSIDE SERVICES) AUDIOLOGY	EDC	.167369 .382370 11.860970 .169134			56 57 58 58.10 59 59.10 59.20 59.30 59.40
60 60 01	OUTPATIENT SERVICE COST CENTY CLINIC PALOS DIAGNOSTIC CENTER EMERGENCY OBSERVATION BEDS (NON-DISTIN OTHER REIMBURSABLE COST CENTY		.838327 .317861 .170287 .481569			60 60.01 61 62
63.10 63.50 63.60 101 102	OUTPATIENT REHAB) WOUND CARE CENTER		.607905 .186686			63 63.10 63.50 63.60 101 102 103

VERSION: 2008.05 11/30/2008 12:00

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E PART A

							PART A
PART A - INPATIENT HOSPITAL SER	VICES UNDER PPS	HOSPITAL	SUB I	SUB II	SUB III	SUB IV	
DRG AMOUNT		(11 01/5)					
1 OTHER THAN OUTLIER PAYMENTS OCCURRI 1.01 OTHER THAN OUTLIER PAYMENTS OCCURRI		11136346 11136346					1 1.01
OCTOBER 1 AND BEFORE JANUARY 1 1.02 OTHER THAN OUTLIER PAYMENTS OCCURRI	NG ON OR AFTER JAN 1	22272692					1.02
MANAGED CARE PATIENTS							
1.03 PAYMENTS PRIOR TO MARCH 1 OR OCTOBE		29917					1.03
1.04 PAYMENTS ON OR AFTER OCTOBER 1 AND		29917					1.04
1.05 PAYMENTS ON OR AFTER JAN 1 BUT BEFO		59833					1.05
1.06 ADDITIONAL AMOUNT RECEIVED OR TO BE 1.07 PAYMENTS FOR DISCHARGES ON OR AFTER							1.06 1.07
THROUGH SEPTEMBER 30, 2001	APRIL 1, 2001						1.07
1.08 SIMULATED PAYMENTS FROM THE PS&R ON	I OD AETED						1.08
APRIL 1, 2001 THROUGH SEPTEMBER 30,							1.00
2 OUTLIER PAYMENTS PRIOR TO OCTOBER 1							2
2.01 OUTLIER PAYMENTS ON OR AFTER OCTOBE		450920					2.01
INDIRECT MEDICAL EDUCATION ADJUSTME	· · · · · · · · · · · · · · · · · · ·						
3 BED DAYS AVAILABLE DIVIDED BY NO. O		263.90					3
3.01 NO OF INTERNS & RESIDENTS FROM WORK	SHEET S-3, PART I						3.01
3.02 INDIRECT MEDICAL EDUCATION PERCENTA	GE						3.02
3.03 INDIRECT MEDICAL EDUCATION ADJUSTME							3.03
3.04 FTE COUNT FOR ALLOPATHIC AND OSTEOP		3.09					3.04
MOST RECENT CR PERIOD ENDING ON OR							
3.05 FTE COUNT FOR ALLOPATHIC AND OSTEOP							3.05
MEET THE CRITERIA FOR AN ADD-ON TO							
PROGRAMS IN ACCORDANCE WITH SECTION							2.06
3.06 ADJUSTED FTE COUNT FOR ALLOPATHIC A FOR AFFILIATED PROGRAMS IN ACCORDAN							3.06
	PERIODS ENDING]						
	AFTER 7/1/2005]						
	LN.15][PLUS LN.3.06]						
3.07 SUM OF LINES 3.04-3.06 0.0		3.09					3.07
3.08 FTE COUNT FOR ALLOPATHIC AND OSTEOP	PATHIC PROGRAMS IN	6.66					3.08
THE CURRENT YEAR FROM YOUR RECORDS							
3.09 FOR CR PERIODS BEGINNING BEFORE OCT	OBER 1, ENTER THE						3.09
PERCENTAGE OF DISCHARGES OCCURRING	PRIOR TO OCTOBER 1						
3.10 FOR CR PERIODS BEGINNING BEFORE OCT							3.10
PERCENTAGE OF DISCHARGES OCCURRING							
3.11 FTE COUNT FOR THE PERIOD IDENTIFIED							3.11
3.12 FTE COUNT FOR THE PERIOD IDENTIFIED							3.12
3.13 FTE COUNT FOR RESIDENTS IN DENTAL & 3.14 CURRENT YEAR ALLOWABLE FTE	PODIATRIC PROGRAMS	3.09					3.13 3.14
3.14 CURRENT YEAR ALLOWABLE FIE 3.15 TOTAL ALLOWABLE FTE COUNT FOR THE P	DIOD VEND TE NONE	3.09					3.14
BUT PRIOR YEAR TEACHING WAS IN EFFE		3.09					3.13
3.16 TOTAL ALLOWABLE FTE COUNT FOR THE P		6.49					3.16
THAT YEAR ENDED ON OR AFTER SEPTEMB							
OTHERWISE ENTER ZERO. IF THERE WAS	NO FTE COUNT IN THIS						
PERIOD BUT PRIOR YR TEACHING WAS IN	FFFECT ENTER 1 HERE.						
	RES. IN						
	INIT YRS						
3.17 SUM OF LINES 3.14 THROUGH 3.16 DIVI		4.22					3.17
NUMBER OF THOSE LINES IN EXCESS OF	ZERO						

KPMG LLP COMPU-MAX MICRO SYSTEM VERSION: 2008.05 IN LIEU OF FORM CMS-2552-96 (05/2007) 11/30/2008 12:00 CALCULATION OF REIMBURSEMENT SETTLEMENT WORKSHEET E

	CALCULATION OF REIMBURSEMENT SETTLEMENT						WORKSHEET E PART A
	PART A - INPATIENT HOSPITAL SERVICES UNDER PPS						(CONT)
		HOSPITAL (14-0179)	SUB I	SUB II	SUB III	SUB IV	
3.18	CURRENT YEAR RESIDENT TO BED RATIO PRIOR YEAR RESIDENT TO BED RATIO	0.015991					3.18
3.19	PRIOR YEAR RESIDENT TO BED RATIO	0.011700					3.19
3.20	FOR COST REPORTING PERIODS BEGINNING ON OR AFTER	0.011700					3.20
	OCTOBER 1, 1997, ENTER THE LESSER OF LINES 3.18 OR 3.19						
3.21	IME PAYMENTS FOR DSCHGS OCCURRING PRIOR TO OCTOBER 1	69599					3.21
3.22	IME PAYMENTS FOR DSCHGS AFTER SEP 30 BUT BEFORE JAN 1 IME PAYMENTS FOR DSCHGS OCCURRING ON OR AFTER JANUARY 1	71185					3.22
3.23	[SUM OF LINES][PLUS E-3,PT.VI]						3.23
3.24	SUM OF LINES 3.21-3.23 283154 0	283154					3.24
	DISPROPORTIONATE SHARE ADJUSTMENT						
4	PERCENTAGE OF SSI RECIPIENT PATIENT DAYS TO MEDICARE PART A PATIENT DAYS						4
	PERCENTAGE OF MEDICAID PATIENT DAYS TO TOTAL DAYS						4.01
	SUM OF 4 AND 4.01	0.2314					4.02
4.03	ALLOWABLE DISPROPORTIONATE SHARE PERCENTAGE	0.0831					4.03
4.04	DISPROPORTIONATE SHARE ADJUSTMENT	3701721					4.04
	ADDITIONAL PAYMENT FOR HIGH PERCENTAGE OF ESRD						
_	BENEFICIARY DISCHARGES						_
5	TOTAL MEDICARE DISCHARGES ON WKST S-3, PART I EXCLUDING DISCHARGES FOR DRGs 302, 316 AND 317						5
	TOTAL ESRD MEDICARE DISCHARGES EXCLUDING DRGs 302,						5.01
	DIVIDE LINE 5.01 BY LINE 5						5.02
	TOTAL MEDICARE ESRD INPATIENT DAYS EXCLUDING DRGs						5.03
	RATIO OF AVERAGE LENGTH OF STAY TO ONE WEEK						5.04
	AVERAGE WEEKLY COST FOR DIALYSIS TREATMENTS						5.05
	TOTAL ADDITIONAL PAYMENT						5.06
6		48981179					6
7	HOSPITAL SPECIFIC PAYMENTS						7
7.01	HOSPITAL SPECIFIC PAYMENTS (1996 HSR) TOTAL PAYMENT FOR INPATIENT OPERATING COSTS PAYMENT FOR INPATIENT PROGRAM CAPITAL EXCEPTION PAYMENT FOR INPATIENT PROGRAM CAPITAL	40001150					7.01
8	TOTAL PAYMENT FOR INPATIENT OPERATING COSTS	48981179					8
10	PAYMENT FOR INPATIENT PROGRAM CAPITAL	4086351					9 10
11	EXCEPTION PAYMENT FOR INPATIENT PROGRAM CAPITAL DIRECT GRADUATE MEDICAL EDUCATION PAYMENT	257609					11
	NURSING AND ALLIED HEALTH MANAGED CARE	25/609					11.01
	ADD-ON PAYMENT FOR NEW TECHNOLOGIES						11.01
12	NET ORGAN ACQUISITION COST						12
13	COST OF TEACHING PHYSICIANS						13
14	ROUTINE SERVICE OTHER PASS THROUGH COSTS						14
15	ANCILLARY SERVICE OTHER PASS THROUGH COSTS						15
16	TOTAL	53325139					16
17	PRIMARY PAYER PAYMENTS	51120					17
18	TOTAL AMOUNT PAYABLE FOR PROGRAM BENEFICIARIES	53274019					18
19	DEDUCTIBLES BILLED TO PROGRAM BENEFICIARIES	4240192					19
20	COINSURANCE BILLED TO PROGRAM BENEFICIARIES	382448					20
21	COINSURANCE BILLED TO PROGRAM BENEFICIARIES REIMBURSABLE BAD DEBTS REDUCED PROGRAM REIMBURSABLE BAD DEBTS	1242353					21
21.01	REDUCED PROGRAM REIMBURSABLE BAD DEBTS	869647					21.01
	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES						21.02
22	SUBTOTAL	49521026					22

PROVIDER NO. 14-0179 LITTLE COMPANY OF MARY PERIOD FROM $07/01/2007\ \text{TO}\ 06/30/2008$ VERSION: 2008.05 11/30/2008 12:00 KPMG LLP COMPU-MAX MICRO SYSTEM IN LIEU OF FORM CMS-2552-96 (05/2007)

	CALCULATION OF REIMBURSEMENT SETTLEMENT PART A - INPATIENT HOSPITAL SERVICES UNDER PPS						WORKSHEET E PART A (CONT)
		HOSPITAL (14-0179)	SUB I	SUB II	SUB III	SUB IV	
23	RECOVERY OF EXCESS DEPRECIATION RESULTING FROM PROVIDER						23
24 25	TERMINATION OR A DECREASE IN PROGRAM UTILIZATION IME REIMBURSEMENT AMOUNTS APPLICABLE TO PRIOR COST REPORTING PERIODS RESULTING FROM DISPOSITION OF DEPRECIABLE ASSETS						24 25
26	AMOUNT DUE PROVIDER	49521026					26
	SEQUESTRATION ADJUSTMENT INTERIM PAYMENTS . TENTATIVE SETTLEMENT (FOR FI USE ONLY)	48632230					27 28 28.01
29 30	BALANCE DUE PROVIDER (PROGRAM) PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB 15-11, SECTION 115.2	888796 1229645					29 30
	TO BE COMPLETED BY INTERMEDIARY						
50 51 52 53 54 55	OPERATING OUTLIER AMOUNT FROM WKST E, PART A, LINE 2.01 CAPITAL OUTLIER AMOUNT FROM WKST L, PART I, LINE 3.01 OPERATING OUTLIER RECONCILIATION AMOUNT (SEE INSTRUCTIO CAPITAL OUTLIER RECONILIATION AMOUNT (SEE INSTRUCTIONS) THE RATE USED TO CALCULATE THE TIME VALUE OF MONEY TIME VALUE OF MONEY (SEE INSTRUCTIONS) CAPITAL TIME VALUE OF MONEY (SEE INSTRUCTIONS)						50 51 52 53 54 55 56

WORKSHEET E PART B

		HOSPITAL (14-0179) 1	HOSPITAL (14-0179) 1.01	HOSPITAL (14-0179) 1.02	
1	MEDICAL AND OTHER SERVICES	67			1
1.01	MEDICAL AND OTHER SERVICES RENDERED ON OR AFTER AUGUST 1, 2000	12539165			1.01
1.02	PPS PAYMENTS RECEIVED INCLUDING OUTLIERS	11686999			1.02
1.03	1996 HOSPITAL SPECIFIC PAYMENT TO COST RATIO	0.837			1.03
		10495281			1.04
	LINE 1.02 DIVIDED BY LINE 1.04				1.05
	TRANSITIONAL CORRIDOR PAYMENT				1.06
1.07	AMOUNT FROM WORKSHEET D, PART IV, COLUMN 9, LINE 101				1.07
2	INTERNS AND RESIDENTS				2
3	ORGAN ACQUISITIONS				3
4	COST OF TEACHING PHYSICIANS				4
5	TOTAL COST	67			5
	MPUTATION OF LESSER OF COST OR CHARGES				
6 RE	ASONABLE CHARGES	401			6
7	ANCILLARY SERVICE CHARGES INTERNS AND RESIDENTS SERVICE CHARGES	401			7
8	ORGAN ACQUISITION CHARGES				8
9	CHARGES OF PROFESSIONAL SERVICES OF				9
	TEACHING PHYSICIANS				-
10	TOTAL REASONABLE CHARGES	401			10
CU	STOMARY CHARGES				
11	AGGREGATE AMOUNT ACTUALLY COLLECTED FROM				11
	PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON				
12	A CHARGE BASIS AMOUNTS THAT WOULD HAVE BEEN REALIZED FROM				12
12	PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A				1,2
	CHARGE BASIS HAD SUCH PAYMENT BEEN MADE				
	IN ACCORDANCE WITH 42 CFR 413.13(E)				
13	RATIO OF LINE 11 TO LINE 12				13
14	TOTAL CUSTOMARY CHARGES	401			14
15	EXCESS OF CUSTOMARY CHGES OVER REASONABLE	334			15
	COST				
16	EXCESS OF REASONABLE COST OVER CUSTOMARY				16
17	CHARGES LESSER OF COST OR CHARGES	67			17
	TOTAL PPS PAYMENTS	11686999			17.01
17.01	TOTAL TTO TATABATO	11000777			17.01

WORKSHEET E PART B

			HOSPITAL (14-0179)	HOSPITAL	
		(14-01/9)	1.01		
		_			
	DMPUTATION OF REIMBURSEMENT SETTLEMENT				
18	DEDUCTIBLES AND COINSURANCE DEDUCTIBLES AND COINSURANCE RELATING TO	2101027			18 18.01
10.01	LINE 17.01	3101027			10.01
19	SUBTOTAL	8506039			19
20	SUM OF AMOUNTS FROM WKST E, PARTS C,D & E				20
21	DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS	58657			21
22	ESRD DIRECT MEDICAL EDUCATION COSTS				22
23 24	SUBTOTAL PRIMARY PAYER PAYMENTS	8564696 12830			23 24
25	SUBTOTAL	8551866			25
	IMBURSABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR	0331000			23
	ROFESSIONAL SERVICES)				
26	COMPOSITE RATE ESRD				26
27	BAD DEBTS	512218			27
27.01	REDUCED REIMBURSABLE BAD DEBTS	358553			27.01
27.02	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE	427243			27.02
28	BENEFICIARIES (SEE INSTRUCTIONS) SUBTOTAL	8910419			28
29	RECOVERY OF EXCESS DEPRECIATION RESULTING	0310113			29
	FROM PROVIDER TERMINATION OR A DECREASE IN				
	PROGRAM UTILIZATION				
30	OTHER ADJUSTMENTS				30
30.99	OTHER ADJUSTMENTS (MSP-LCC RECONCILIATION				30.99
31	AMOUNT) AMOUNTS APPLICABLE TO PRIOR COST REPORTING				31
31	PERIODS RESULTING FROM DISPOSITION OF				31
	DEPRECIABLE ASSETS				
32	SUBTOTAL	8910419			32
33	SEQUESTRATION ADJUSTMENT				33
34	INTERIM PAYMENTS	8493142			34
34.01	TENTATIVE SETTLEMENT (FOR FI USE ONLY) BALANCE DUE PROVIDER/PROGRAM	417277			34.01 35
36	PROTESTED AMOUNTS (NONALLOWABLE COST	41/2//			36
50	REPORT ITEMS) IN ACCORDANCE WITH CMS PUB				55
	15-II, SECTION 115.2				

WORKSHEET E PART B

(14-S179) $(14-S179)$ $(14-S179)$ $(14-S179)$ (101) (101) (101)	
1 MEDICAL AND OTHER SERVICES 1.01 MEDICAL AND OTHER SERVICES RENDERED ON OR AFTER AUGUST 1, 2000	1 1.01
1.02 PPS PAYMENTS RECEIVED INCLUDING OUTLIERS 1.03 1996 HOSPITAL SPECIFIC PAYMENT TO COST RATIO	1.02
1.04 LINE 1.01 TIMES LINE 1.03 1.05 LINE 1.02 DIVIDED BY LINE 1.04 1.06 TRANSITIONAL CORRIDOR PAYMENT 1.07 AMOUNT FROM WORKSHEET D, PART IV,	1.04 1.05 1.06 1.07
COLUMN 9, LINE 101 INTERNS AND RESIDENTS ORGAN ACQUISITIONS COST OF TEACHING PHYSICIANS TOTAL COST	2 3 4 5
COMPUTATION OF LESSER OF COST OR CHARGES REASONABLE CHARGES ANCILLARY SERVICE CHARGES INTERNS AND RESIDENTS SERVICE CHARGES ORGAN ACQUISITION CHARGES CHARGES OF PROFESSIONAL SERVICES OF TEACHING PHYSICIANS	6 7 8 9
10 TOTAL REASONABLE CHARGES CUSTOMARY CHARGES 11 AGGREGATE AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON	10
A CHARGE BASIS 12 AMOUNTS THAT WOULD HAVE BEEN REALIZED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS HAD SUCH PAYMENT BEEN MADE IN ACCORDANCE WITH 42 CFR 413.13(E)	12
13 RATIO OF LINE 11 TO LINE 12 14 TOTAL CUSTOMARY CHARGES 15 EXCESS OF CUSTOMARY CHGES OVER REASONABLE COST	13 14 15
16 EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES 17 LESSER OF COST OR CHARGES 17.01 TOTAL PPS PAYMENTS	16 17 17.01

WORKSHEET E PART B

	SUB I (14-S179)	SUB I (14-S179)	SUB I (14-S179)	
	1	1.01	1.02	
COMPUTATION OF REIMBURSEMENT SETTLEMENT				
18 DEDUCTIBLES AND COINSURANCE				18
18.01 DEDUCTIBLES AND COINSURANCE RELATING T	0			18.01
LINE 17.01				
19 SUBTOTAL				19
20 SUM OF AMOUNTS FROM WKST E, PARTS C,D				20
21 DIRECT GRADUATE MEDICAL EDUCATION PAYM	ENTS			21
22 ESRD DIRECT MEDICAL EDUCATION COSTS				22
23 SUBTOTAL				23
24 PRIMARY PAYER PAYMENTS				24 25
25 SUBTOTAL REIMBURSABLE BAD DEBTS (EXCLUDE BAD DEBTS	EOD			25
PROFESSIONAL SERVICES)	FOR			
26 COMPOSITE RATE ESRD				26
27 BAD DEBTS				27
27.01 REDUCED REIMBURSABLE BAD DEBTS				27.01
27.02 REIMBURSABLE BAD DEBTS FOR DUAL ELIGIB	LE			27.02
BENEFICIARIES (SEE INSTRUCTIONS)				
28 SUBTOTAL				28
29 RECOVERY OF EXCESS DEPRECIATION RESULT	ING			29
FROM PROVIDER TERMINATION OR A DECREAS	E IN			
PROGRAM UTILIZATION				
30 OTHER ADJUSTMENTS				30
30.99 OTHER ADJUSTMENTS (MSP-LCC RECONCILIAT	ION			30.99
AMOUNT)				
31 AMOUNTS APPLICABLE TO PRIOR COST REPOR	TING			31
PERIODS RESULTING FROM DISPOSITION OF DEPRECIABLE ASSETS				
32 SUBTOTAL				32
33 SEQUESTRATION ADJUSTMENT				33
34 INTERIM PAYMENTS				34
34.01 TENTATIVE SETTLEMENT (FOR FI USE ONLY)				34.01
35 BALANCE DUE PROVIDER/PROGRAM				35
36 PROTESTED AMOUNTS (NONALLOWABLE COST				36
REPORT ITEMS) IN ACCORDANCE WITH CMS P	UB			
15-II, SECTION 115.2				

 PROVIDER NO. 14-0179
 LITTLE COMPANY OF MARY
 KPMG LLP COMPU-MAX MICRO SYSTEM
 VERSION: 2008.05

 PERIOD FROM 07/01/2007
 TO 06/30/2008
 IN LIEU OF FORM CMS-2552-96 (11/98)
 11/30/2008 12:00

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E PART C

PART C - OUTPATIENT AMBULATORY SURGICAL CENTER

[] TITLE V [XX] TITLE XVIII [] TITLE XIX

HOSPITAL (14-0179)
OCTOBER 1, 1997
PRIOR TO ON OR AFTER

		1	1.01	
2 DED 3 SUB 4 80 5 ASC	NDARD OVERHEAD AMOUNTS (ASC FEES) UCTIBLES TOTAL PERCENT OF LINE 3 PORTION OF BLEND PATIENT ASC COST			1 2 3 4 5 6
	PUTATION OF LESSER OF COST OR CHARGES AL CHARGES			7
8 AGG	TOMARY CHARGES REGATE AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES A CHARGE BASIS			8
9 AMO	A CHARGE BASIS HAD SUCH PAYMENT BEEN MADE IN ACCORDANCE WITH 42 CFR 413.13(E)			9
LO RAT	IO OF LINE 8 TO LINE 9			10
	AL CUSTOMARY CHARGES			11
	ESS OF CUSTOMARY CHARGES OVER REASONABLE COST ESS OF REASONABLE COST OVER CUSTOMARY CHARGES			12 13
	SER OF COST OR CHARGES			14
COM	PUTATION OF REIMBURSEMENT SETTLEMENT			
L5 DED	UCTIBLES AND COINSURANCE			15
16 TOT				16
L7 HOS	PITAL SPECIFIC PORTION OF BLEND			17
	BLENDED AMOUNT			18
	SER OF LINES 16 OR 18			19
	T B DEDUCTIBLES AND COINSURANCE			20
21 ASC	PAYMENT AMOUNT			21

WORKSHEET E PART D

PART D - OUTPATIENT RADIOLOGY SERVICES

[] TITLE V [XX] TITLE XVIII [] TITLE XIX

HOSPITAL (14-0179) OCTOBER 1, 1997 PRIOR TO ON OR AFTER 1 1.01

	-	
1 2 3 4 5	PREVAILING CHARGES 62 PERCENT OF LINE 1 DEDUCTIBLES SUBTOTAL BLENDED CHARGE PROPORTION	1 2 3 4 5
7	COST OF OUTPATIENT RADIOLOGY COMPUTATION OF LESSER OF COST OR CHARGES TOTAL CHARGES	7
	CUSTOMARY CHARGES AGGREGATE AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS	8
9	AMOUNTS THAT WOULD HAVE BEEN REALIZED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICE ON A CHARGE BASIS HAD SUCH PAYMENT BEEN MADE IN ACCORDANCE WITH 42 CFR 413.13(E)	9
L 0	RATIO OF LINE 8 TO LINE 9	10
11		11
12		12
13	EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES LESSER OF COST OR CHARGES	13 14
1.4	LESSER OF COST OF CHARGES	14
	COMPUTATION OF REIMBURSEMENT SETTLEMENT	
15	DEDUCTIBLES AND COINSURANCE	15
16	TOTAL	16
17	COST PROPORTION	17
	OUTPATIENT RADIOLOGY BLENDED AMOUNT	18
	LESSER OF LINE 16 OR LINE 18	19
	PART B DEDUCTIBLES AND COINSURANCE	20
4 L	RADIOLOGY PAYMENT AMOUNT	21

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CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E PART E

PART E - OTHER OUTPATIENT DIAGNOSTIC PROCEDURES

[] TITLE V [XX] TITLE XVIII [] TITLE XIX

HOSPITAL (14-0179) OCTOBER 1, 1997 PRIOR TO ON OR AFTER 1 1.01

1 2 3 4 5 6	PREVAILING CHARGES 42 PERCENT OF LINE 1 DEDUCTIBLES SUBTOTAL BLENDED CHARGE PROPORTION COST OF OTHER OUTPATIENT DIAGNOSTIC PROCEDURES	1 2 3 4 5 6
7	COMPUTATION OF LESSER OF COST OR CHARGES TOTAL CHARGES	7
	CUSTOMARY CHARGES	
8	AGGREGATE AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES	8
	ON A CHARGE BASIS	
9	AMOUNTS THAT WOULD HAVE BEEN REALIZED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICE	9
	ON A CHARGE BASIS HAD SUCH PAYMENT BEEN MADE IN ACCORDANCE WITH 42 CFR 413.13(E)	1.0
	RATIO OF LINE 8 TO LINE 9	10
11	TOTAL CUSTOMARY CHARGES EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST	11 12
13	EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES	13
	LESSER OF COST OR CHARGES	14
	22021. 01. 0022 01. 01.1020	
	COMPUTATION OF REIMBURSEMENT SETTLEMENT	
15	DEDUCTIBLES AND COINSURANCE	15
16	TOTAL	16
17	COST PROPORTION	17
18	OTHER OUTPATIENT DIAGNOSTIC BLENDED AMOUNT	18
	LESSER OF LINE 16 OR LINE 18	19
	PART B DEDUCTIBLES AND COINSURANCE	20
21	DIAGNOSTIC PAYMENT AMOUNT	21

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED HOSPITAL (14-0179)

WORKSHEET E-1

		1	NPATIENT PART A		PART B	
DESCRIPTION		MM/DD/YY 1	YY AMO	JNT MM/DD/ 2 3		
1 TOTAL INTERIM PAYMENTS PAID TO PROVIDER 2 INTERIM PAYMENTS PAYABLE ON INDIVIDUAL BILLS EI SUBMITTED OR TO BE SUBMITTED TO THE INTERMEDIAR SERVICES RENDERED IN THE COST REPORTING PERIOD. NONE, WRITE 'NONE', OR ENTER A ZERO. 3 LIST SEPARATELY EACH RETROACTIVE LUMP SUM	Y FOR IF	.01		32230 NONE	8493142 NONE	3.01
ADJUSTMENT AMOUNT BASED ON SUBSEQUENT REVISION OF THE INTERIM RATE FOR THE COST REPORTING PERIOD. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE 'NONE' OR ENTER A ZERO.	PROVIDER PROVIDER	.03 .04 .05 .50		NONE	NONE	3.02 3.03 3.04 3.05 3.50 3.51
	PROGRAM	.52 .53 .54	1	NONE	NONE	3.52 3.53 3.54
SUBTOTAL		.99				3.99
4 TOTAL INTERIM PAYMENTS			486	32230	8493142	4
	TO BE COM	PLETED BY INTERN	IEDIARY			
5 LIST SEPARATELY EACH TENTATIVE SETTLEMENT PAY- MENT AFTER DESK REVIEW. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE 'NONE' OR ENTER A ZERO.	TO PROVIDER PROVIDER	.50 .51				5.01 5.02 5.03 5.50 5.51 5.52
	OGRAM TO	.99				5.99
REPORT. PRO		.01				6.01 6.02
7 TOTAL MEDICARE PROGRAM LIABILITY						7
NAME OF INTERMEDIARY:				INTERMEDIARY NUM	BER:	
SIGNATURE OF AUTHORIZED PERSON:			- !	DATE (MO/DAY/YR)	:	

SIGNATURE OF AUTHORIZED PERSON:

DATE (MO/DAY/YR):

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ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED SUBPROVIDER I (14-S179)

WORKSHEET E-1

SUBPROVIDER 1 (14-S1/9)							
			INPATIEN				
			PART		PAR		
DESCRIPTION			MM/DD/YYYY	AMOUNT	MM/DD/YYYY	AMOUNT	
			1	2	3	4	
1 TOTAL INTERIM PAYMENTS PAID TO PROVIDER 2 INTERIM PAYMENTS PAYABLE ON INDIVIDUAL BILLS EIT SUBMITTED OR TO BE SUBMITTED TO THE INTERMEDIARY SERVICES RENDERED IN THE COST REPORTING PERIOD. NONE, WRITE 'NONE', OR ENTER A ZERO.	FOR			1361441 NONE		NONE	1 2
3 LIST SEPARATELY EACH RETROACTIVE LUMP SUM ADJUSTMENT AMOUNT BASED ON SUBSEQUENT REVISION OF THE INTERIM RATE FOR THE COST REPORTING PERIOD. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE 'NONE' OR ENTER A ZERO.	PROGRAM TO PROVIDER PROVIDER	.03 .04 .05		NONE		NONE	3.01 3.02 3.03 3.04 3.05 3.50 3.51
	TO PROGRAM	.52		NONE		NONE	3.52 3.53 3.54
SUBTOTAL		.99					3.99
4 TOTAL INTERIM PAYMENTS				1361441			4
	TO BE COM	MPLETED	BY INTERMEDIARY				
	TO	.02 .03 .50					5.01 5.02 5.03 5.50 5.51 5.52
SUBTOTAL 6 DETERMINED NET SETTLEMENT AMOUNT PRO	OGRAM TO	.99					5.99
REPORT. PROV	ROVIDER VIDER TO ROGRAM	.01					6.01 6.02
7 TOTAL MEDICARE PROGRAM LIABILITY							7
NAME OF INTERMEDIARY:				INTERMEI	DIARY NUMBER:		

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CALCULATION OF REIMBURSEMENT SETTLEMENT WORKSHEET E-3 PART I

	MEDICARE RADE A CERVICES EPERA						PF
	MEDICARE PART A SERVICES - TEFRA		arrn T	a	arm	011D T11	
		HOSPITAL	SUB I	SUB II	SUB III	SUB IV	
			(14-S179)				
1	INPATIENT HOSPITAL SERVICES		1621503				1
1.01	HOSPITAL SPECIFIC AMOUNT (SEE INSTRUCTIONS)		405376				1.01
1.02	NET FEDERAL PPS PAYMENTS (SEE INSTRUCTIONS)						1.02
	MEDICARE SSI RATIO (IRF PPS ONLY) (SEE INSTR.)						1.03
	INPATIENT REHAB LIP PAYMENTS (SEE INSTRUCTIONS)						1.04
	OUTLIER PAYMENTS						1.05
	TOTAL PPS PAYMENTS						1.06
1.07	NURSING AND ALLIED HEALTH MANAGED CARE PAYMENT						1.07
	INPATIENT PSYCHIATRIC FACILITY (IPF)						
1.08	NET FEDERAL IPF PPS PAYMENTS (EXCLUDING OUTLIER,		1107821				1.08
	STOP-LOSS, ECT, AND TEACHING ADJUSTMENT)						
1 00	NET IPF PPS OUTLIER PAYMENTS						1.09
	NET IPF PPS CCT PAYMENTS		1889				1.10
			1889				
1.11	UNWEIGHTED INTERN AND RESIDENT FTE COUNT FOR						1.11
	LATEST COST REPORT FILED PRIOR TO NOVEMBER 15,						
	2004. (SEE INSTRUCTIONS)						
1.12	NEW TEACHING PROGRAM ADJUSTMENT (SEE INSTR.)						1.12
1.13	CURRENT YEAR'S UNWEIGHTED FTE COUNT OF I&R						1.13
	OTHER THAN FTES IN THE FIRST 3 YEARS OF A 'NEW						
	TEACHING PROGRAM'. (SEE INSTR.)						
1 14	CURRENT YEAR'S UNWEIGHTED I&R FTE COUNT FOR						1.14
1.14							1.14
	RESIDENTS WITHIN THE FIRST 3 YEARS OF A 'NEW						
	TEACHING PROGRAM'. (SEE INSTR.)						
1.15	INTERN AND RESIDENT COUNT FOR IPF PPS MEDICAL						1.15
	EDUCATION ADJUSTMENT (SEE INSTRUCTIONS)						
1.16	AVERAGE DAILY CENSUS (SEE INSTRUCTIONS)		11.871585				1.16
	MEDICAL EDUCATION ADJUSTMENT FACTOR						1.17
	MEDICAL EDUCATION ADJUSTMENT						1.18
	ADJUSTED NET IPF PPS PAYMENTS		1109710				1.19
	STOP LESS PAYMENT FLOOR		1135052				1.20
	ADJUSTED NET PAYMENT FLOOR		851289				1.21
1.22	STOP LOSS ADJUSTMENT						1.22
1.23	TOTAL IPF PPS PAYMENTS		1515086				1.23
	INPATIENT REHABILITATION FACILITY (IRF)						
1 35	UNWEIGHTED INTERN AND RESIDENT FTE COUNT FOR						1.35
1.55	COST REPORT PERIODS ENDING ON/OR PRIOR TO						1.55
	NOVEMBER 15, 2004. (SEE INSTRUCTIONS)						
1 26							1 26
	NEW TEACHING PROGRAM ADJUSTMENT. (SEE INSTR.)						1.36
1.37	CURRENT YEAR'S UNWEIGHTED FTE COUNT OF I&R OTHER						1.37
	THAN FTES IN THE FIRST 3 YEARS OF A "NEW TEACHING						
	PROGRAM". (SEE INSTRUCTIONS)						
1.38	CURRENT YEAR'S UNWEIGHTED I&R FTE COUNT FOR						1.38
	RESIDENTS WITHIN THE FIRST 3 YEARS OF A "NEW						
	TEACHING PROGRAM". (SEE INSTRUCTIONS)						
1 20							1.39
1.39	INTERN AND RESIDENT COUNT FOR IRF PPS MEDICAL						1.39
	EDUCATION ADJUSTMENT. (SEE INSTRUCTIONS)						1 10
	AVERAGE DAILY CENSUS. (SEE INSTRUCTIONS)						1.40
	MEDICAL EDUCATION ADJUSTMENT FACTOR						1.41
1.42	MEDICAL EDUCATION ADJUSTMENT						1.42
2	ORGAN ACQUISITION						2
3	COST OF TEACHING PHYSICIANS						3
4	SUBTOTAL		1515086				4
5			6520				5
	PRIMARY PAYER PAYMENTS						
6	SUBTOTAL		1508566				6
7	DEDUCTIBLES		125696				7
8	SUBTOTAL		1382870				8
9	COINSURANCE		30664				9
10	SUBTOTAL		1352206				10
11	REIMBURSABLE BAD DEBTS (EXCLUDE BAD DEBTS		104055				11
	FOR PROFESSIONAL SERVICES)		101000				
11 01			72020				11 01
	REDUCED REIMBURSABLE BAD DEBTS		72839				11.01
11.02	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE		75159				11.02
	BENEFICIARIES (SEE INSTRUCTIONS)						
10							
12	SUBTOTAL		1425045				12
13	SUBTOTAL DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS		1425045				12 13

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	VEDERALDE DADE A GEDVIEGE EFEDA						PART I
	MEDICARE PART A SERVICES - TEFRA	HOSPITAL	SUB I (14-S179)	SUB II	SUB III	SUB IV	
	OTHER PASS THROUGH COSTS (SEE INSTRUCTIONS)						13.01
14	RECOVERY OF EXCESS DEPRECIATION RESULTING FROM PROVIDER TERMINATION OR A DECREASE IN PROGRAM						14
	UTILIZATION						
15	OTHER ADJUSTMENTS						15
16	AMOUNTS APPLICABLE TO PRIOR COST REPORTING						16
	PERIODS RESULTING FROM DISPOSITION OF DEPRECIABLE ASSETS						
17	TOTAL AMOUNT PAYABLE TO THE PROVIDER		1425045				17
18	SEQUESTRATION ADJUSTMENT		1123013				18
19	INTERIM PAYMENTS		1361441				19
19.01	TENTATIVE SETTLEMENT (FOR FI USE ONLY)						19.01
20	BALANCE DUE PROVIDER/PROGRAM		63604				20
21	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT						21
	ITEMS) IN ACCORDANCE WITH CMS PUB 15-II, SECTION 115.2						
	SECTION 115.2						
	TO BE COMPLETED BY INTERMEDIARY						
50	ORIGINAL OUTLIER AMOUNT						50
51	OUTLIER RECONCILIATION AMOUNT (SEE INSTRUCTIONS)						51
52	THE RATE USED TO CALCULATE THE TIME VALUE OF						52
F 2	MONEY						F 2
53	OPERATING TIME VALUE OF MONEY (SEE INSTRUCTIONS)						53

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CALCULATION OF REIMBURSEMENT SETTLEMENT PART III - TITLE V OR TITLE XIX SERVICES OR TITLE XVIII SNF PPS ONLY PART III

	[] TITLE V	[] TI	TLE XVIII		[XX] TI	TLE XIX		
		HOSPITAL (14-0179) (OTHER)	SUB I (14-S179)	SUB II	SUB III	SUB IV	NF I	
1 2 3 4 5	COMPUTATION OF NET COST OF COVERED SERVICES INPATIENT HOSPITAL/SNF/NF SERVICES MEDICAL AND OTHER SERVICES INTERNS AND RESIDENTS ORGAN ACQUISITION CERTIFIED TRANSPLANT CENTERS O COST OF TEACHING PHYSICIANS SUBTOTAL		1	1	1	1	1	1 2 3 4 5
7 8 9	INPATIENT PRIMARY PAYER PAYMENTS OUTPATIENT PRIMARY PAYER PAYMENTS SUBTOTAL	7306483						7 8 9
10 11 12 13 14 15	COMPUTATION OF LESSER OF COST OR CHARGES ROUTINE SERVICE CHARGES ANCILLARY SERVICE CHARGES INTERNS AND RESIDENTS SERVICE CHARGES ORGAN ACQUISITION CHARGES, NET OF REVENUE TEACHING PHYSICIANS INCENTIVE FROM TARGET AMOUNT COMPUTATION TOTAL REASONABLE CHARGES							10 11 12 13 14 15
17 18	CUSTOMARY CHARGES AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE AMOUNTS THAT WOULD HAVE BEEN REALIZED FROM A CHARGE BASIS HAD SUCH PAYMENT BEEN MADE IN ACCORDANCE WITH 42 CFR 413.13(E)							17 18
19 20 21 22 23	RATIO OF LINE 17 TO LINE 18 TOTAL CUSTOMARY CHARGES EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES COST OF COVERED SERVICES	7306483 7306483						19 20 21 22 23
24 25 26 27 28 29 30 31 32 33	PROSPECTIVE PAYMENT AMOUNT OTHER THAN OUTLIER PAYMENTS OUTLIER PAYMENTS PROGRAM CAPITAL PAYMENTS CAPITAL EXCEPTION PAYMENTS ROUTINE SERVICE OTHER PASS THROUGH COSTS ANCILLARY SERVICE OTHER PASS THROUGH COSTS SUBTOTAL CUSTOMARY CHARGES (TITLE XIX PPS COVERED LESSER OF LINES 30 OR 31 DEDUCTIBLES (EXCLUDE PROFESSIONAL COMPONENT)	7306483 7306483						24 25 26 27 28 29 30 31 32 33

WORKSHEET E-3

PART III

CALCULATION OF REIMBURSEMENT SETTLEMENT PART III - TITLE V OR TITLE XIX SERVICES OR TITLE XVIII SNF PPS ONLY

	[] TITLE V	[] TIT	LE XVIII		[XX] TI	TLE XIX		
		HOSPITAL (14-0179) (OTHER)	SUB I	SUB II	SUB III	SUB IV	NF I	
			1	1	1	1	1	
	COMPUTATION OF REIMBURSEMENT SETTLEMENT EXCESS OF REASONABLE COST SUBTOTAL COINSURANCE SUM OF AMOUNTS FROM WKST E, PARTS C,D AND E, REIMBURSABLE BAD DEBTS REDUCED REIMBURSABLE BAD DEBTS REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE	7306483						34 35 36 37 38 38.01 38.02
39 40 41 42 43 44	BENEFICIARIES (SEE INSTRUCTIONS) UTILIZATION REVIEW SUBTOTAL IMPATIENT ROUTINE SERVICE COST MEDICARE INPATIENT ROUTINE CHARGES AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE AMOUNTS THAT WOULD HAVE BEEN REALIZED FROM A CHARGE BASIS HAD SUCH PAYMENT BEEN MADE IN ACCORDANCE WITH 42 CFR 413.13(E)							39 40 41 42 43 44
45 46 47 48 49	RATIO OF LINE 43 TO LINE 44 TOTAL CUSTOMARY CHARGES EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES RECOVERY OF EXCESS DEPRECIATION RESULTING FROM UTILIZATION							45 46 47 48 49
50 51	OTHER ADJUSTMENTS AMOUNTS APPLICABLE TO PRIOR COST REPORTING							50 51
52 53 54 55 56 57 57.01 58	DEPRECIABLE ASSETS SUBTOTAL INDIRECT MEDICAL EDUCATION ADJUSTMENT DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS TOTAL AMOUNT PAYABLE TO THE PROVIDER SEQUESTRATION ADJUSTMENT INTERIM PAYMENTS TENTATIVE SETTLEMENT (FOR FI USE ONLY) BALANCE DUE PROVIDER/PROGRAM PROTESTED AMOUNTS (NONALLOWABLE COST REPORT SECTION 115.2							52 53 54 55 56 57 57.01 58

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DIRECT GRADUATE MEDICAL EDUCATION (GME) WORKSHEET E-3 & ESRD OUTPATIENT DIRECT MEDICAL EDUCATION COSTS PART IV

[] TITLE V [XX] TITLE 2	KVIII [] TITLE XIX	
COMPUTATION OF TOTAL DIRECT GME AMOUNT		
1 NUMBER OF FTE RESIDENTS FOR OB/GYN & PRIMARY CARE		1
1.01 NUMBER OF FTE RESIDENTS FOR ALL OTHERS		1.01
2 UPDATED PER RESIDENT AMOUNT FOR OB/GYN & PRIMARY CARE		2
2.01 UPDATED PER RESIDENT AMOUNT FOR ALL OTHERS		2.01
3 AGGREGATE APPROVED AMOUNT		3
3.01 UNWEIGHTED RESIDENT FTE COUNT FOR ALLOPATHIC & OSTEOPATHIC	3.09	3.01
PROGRAMS FOR CR PERIODS ENDING ON OR BEFORE DEC 31, 1996		
3.02 UNWEIGHTED RESIDENT FTE COUNT FOR ALLOPATHIC & OSTEOPATHIC		3.02
PROGRAMS WHICH MEET THE CRITERIA FOR AN ADD ON TO THE CAP		
FOR NEW PROGRAMS IN ACCORDANCE WITH 42 CFR 413.86(g)(6)		
3.03 UNWEIGHTED RESIDENT FTE COUNT FOR ALLOPATHIC & OSTEOPATHIC		3.03
PROGRAMS FOR AFFILIATED PROGRAMS IN ACCORDANCE WITH		
42 CFR 413.86(g)(4) [E-3,PT.VI,LN.4] [PLUS LINE 3.03]		
3.04 FTE ADJUSTMENT CAP	3.09	3.04
3.05 UNWEIGHTED RESIDENT FTE COUNT FOR ALLOPATHIC & OSTEOPATHIC	6.66	3.05
PROGRAMS FOR THE CURRENT YEAR		
3.06 LESSER OF LINE 3.04 OR LINE 3.05	3.09	3.06
3.07 WEIGHTED FTE COUNT FOR PRIMARY CARE PHYSICIANS IN AN	3.74	3.07
ALLOPATHIC AND OSTEOPATHIC PROGRAM FOR THE CURRENT YEAR.		
IF CURRENT YEAR IS ZERO AND TEACHING PROGRAM WAS IN		
EXISTENCE IN PRIOR YEAR ENTER COUNT IN COLUMN ZERO		
3.08 WEIGHTED FTE COUNT FOR ALL OTHER PHYSICIANS IN AN	2.92	3.08
ALLOPATHIC AND OSTEOPATHIC PROGRAM FOR THE CURRENT YEAR.		
IF CURRENT YEAR IS ZERO AND TEACHING PROGRAM WAS IN		
EXISTENCE IN PRIOR YEAR ENTER COUNT IN COLUMN ZERO		
3.09 SUM OF LINES 3.07 AND LINE 3.08	6.66	3.09
3.10 SEE INSTRUCTIONS	3.09	3.10
3.11 WEIGHTED DENTAL AND PODIATRIC RESIDENT FTE COUNT FOR THE		3.11
CURRENT YEAR. IF CURRENT YEAR IS ZERO AND TEACHING PROGRAM		
WAS IN EXISTENCE IN PRIOR YEAR ENTER COUNT IN COLUMN ZERO		
3.12 SEE INSTRUCTIONS	1.35	3.12
3.13 TOTAL WEIGHTED RESIDENT FTE COUNT FOR THE PRIOR CR YEAR.	1.09	3.13
(SEE INSTRUCTIONS)	2.74	
3.14 TOTAL WEIGHTED RESIDENT FTE COUNT FOR PENULTIMATE CR YEAR.	3.74	3.14
(SEE INSTRUCTIONS)	0.00	2 15
3.15 ROLLING AVERAGE FTE COUNT (SEE INSTRUCTIONS)	2.06	3.15
3.16 SEE INSTRUCTIONS [RESIDENTS IN INITIAL YEARS 0.00]	2.06	3.16
3.17 SEE INSTRUCTIONS	127315.66 262270	3.17 3.18
3.18 SEE INSTRUCTIONS	262270	3.18

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[] TITLE V [XX] TITLE	XVIII [] TI	ITLE XIX	
3.19 SEE INSTRUCTIONS		2.00	3.19
3.20 SEE INSTRUCTIONS		3.17	3.20
3.21 SEE INSTRUCTIONS		2.30	3.21
3.22 SEE INSTRUCTIONS [RESIDENTS IN INITIAL YEARS 0.00]		2.30	3.22
3.23 SEE INSTRUCTIONS DEPENDING ON THE COST REPORTING PERIODS BEGINNING PRIOR TO 10/01/2001 OR ON OR AFTER 10/01/2001		125876.51	3.23
3.24 SEE INSTRUCTIONS DEPENDING ON THE COST REPORTING PERIODS BEGINNING PRIOR TO 10/01/2001 OR ON OR AFTER 10/01/2001		289516	3.24
3.25 SEE INSTRUCTIONS DEPENDING ON THE COST REPORTING PERIODS BEGINNING PRIOR TO 10/01/2001 OR ON OR AFTER 10/01/2001		551786	3.25
COMPUTATION OF PROGRAM PATIENT LOAD			
4 PROGRAM PART A INPATIENT DAYS		37058	4
5 TOTAL INPATIENT DAYS		66141	5
6 RATIO OF PROGRAM INPATIENT DAYS TO TOTAL INPATIENT DAYS		.560288	6
[LINE 6 x] [E-3,PF			
[LINE 3.25] [LINE 6.01 TOTAL GME PAYMENT FOR NON-MANAGED CARE DAYS 309159	11]	309159	6.01
6.01 TOTAL GME PAYMENT FOR NON-MANAGED CARE DAYS 309159 6.02 PROGRAM MANAGED CARE DAYS OCCURRING ON OR AFTER JAN 1	U	309159	6.01
OF THIS COST REPORTING PERIOD		992	0.02
6.03 TOTAL INPATIENT DAYS FROM LINE 5 ABOVE		66141	6.03
6.04 APPROPRIATE PERCENTAGE FOR INCLUSION OF MANAGED CARE DAYS		100.00	6.04
6.05 GRADUATE MEDICAL EDUCATION PAYMENT FOR MANAGED CARE DAYS ON		7107	6.05
OR AFTER JAN 1 THROUGH THE END OF THE COST REPORTING PERIOD			
6.06 PROGRAM MANAGED CARE DAYS OCCURRING BEFORE JAN 1 OF THIS			6.06
COST REPORTING YEAR			
6.07 APPROPRIATE PERCENTAGE USING THE CRITERIA IDENTIFIED ON LINE 6.04 ABOVE		100.00	6.07
[PRIOR TO] [E-3,PF [422] [LINE			
[422] [LINE 6.08 GRAD.MED.ED.PAYMENT FOR MANAGED CARE DAYS 0	0		6.08
PRIOR TO JAN 1 OF THIS COST REPORTING PERIOD	U		0.00
DIRECT MEDICAL EDUCATION COSTS FOR ESRD COMPOSITE RATE - TITLE XX (NURSING SCHOOL AND PARAMEDICAL EDUCATION COSTS)	VIII ONLY		7
7 RENAL DIALYSIS DIRECT MEDICAL EDUCATION COSTS 8 RENAL DIALYSIS AND HOME DIALYSIS TOTAL CHARGES		2521516	7 8
8 RENAL DIALYSIS AND HOME DIALYSIS TOTAL CHARGES 9 RATIO OF DIRECT MEDICAL EDUCATION COSTS TO TOTAL CHARGES		2521516	9
10 MEDICARE O/P ESRD CHARGES			10
11 MEDICARE O/P ESRD DIRECT MEDICAL EDUCATION COSTS			11

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	DIRECT GRADUATE MEDICAL EDUCATION (GME) & ESRD OUTPATIENT DIRECT MEDICAL EDUCATION COSTS	V	ORKSHEET E-3 PART IV (CONT)	
	[] TITLE V [XX] TITLE XVIII	[] TITLE XIX		(CON1)
	APPORTIONMENT BASED ON MEDICARE REASONABLE COST - TITLE XVIII ONLY			
	PART A REASONABLE COST			
12	REASONABLE COST		55070515	12
13	ORGAN ACQUISITION COSTS			13
14	COST OF TEACHING PHYSICIANS			14
15	PRIMARY PAYER PAYMENTS		57640	15
16	TOTAL PART A REASONABLE COST		55012875	16
	PART B REASONABLE COST			
17	REASONABLE COST		12539232	17
18	PRIMARY PAYER PAYMENTS		12830	18
19	TOTAL PART B REASONABLE COST		12526402	19
20	TOTAL REASONABLE COST		67539277	20
21	RATIO OF PART A REASONABLE COST TO TOTAL REASONABLE COST		.814532	21
22	RATIO OF PART B REASONABLE COST TO TOTAL REASONABLE COST		.185468	22
	ALLOCATION OF MEDICARE DIRECT GME COSTS BETWEEN PART A AND PART B			
23	TOTAL PROGRAM GME PAYMENT			23
23.	01 FOR COST REPORTING PERIODS ENDING ON OR AFTER JAN 1, 1998		316266	23.01
24	PART A MEDICARE GME PAYMENT - TITLE XVIII ONLY		257609	24
25	PART B MEDICARE GME PAYMENT - TITLE XVIII ONLY		58657	25

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[] TITLE V [] TITLE XVIII [XX] TITLE XIX	
COMPUTATION OF TOTAL DIRECT GME AMOUNT	
1 NUMBER OF FTE RESIDENTS FOR OB/GYN & PRIMARY CARE	1
1.01 NUMBER OF FTE RESIDENTS FOR ALL OTHERS	1.01
2 UPDATED PER RESIDENT AMOUNT FOR OB/GYN & PRIMARY CARE	2
2.01 UPDATED PER RESIDENT AMOUNT FOR ALL OTHERS	2.01
3 AGGREGATE APPROVED AMOUNT	3
3.01 UNWEIGHTED RESIDENT FTE COUNT FOR ALLOPATHIC & OSTEOPATHIC	3.01
PROGRAMS FOR CR PERIODS ENDING ON OR BEFORE DEC 31. 1996	
3.02 UNWEIGHTED RESIDENT FTE COUNT FOR ALLOPATHIC & OSTEOPATHIC	3.02
PROGRAMS WHICH MEET THE CRITERIA FOR AN ADD ON TO THE CAP	
FOR NEW PROGRAMS IN ACCORDANCE WITH 42 CFR 413.86(g)(6)	
3.03 UNWEIGHTED RESIDENT FTE COUNT FOR ALLOPATHIC & OSTEOPATHIC	3.03
PROGRAMS FOR AFFILIATED PROGRAMS IN ACCORDANCE WITH	
42 CFR 413.86(g)(4) [E-3,PT.VI,LN.4] [PLUS LINE 3.03]	
3.04 FTE ADJUSTMENT CAP	3.04
3.05 UNWEIGHTED RESIDENT FTE COUNT FOR ALLOPATHIC & OSTEOPATHIC	3.05
PROGRAMS FOR THE CURRENT YEAR	
3.06 LESSER OF LINE 3.04 OR LINE 3.05	3.06
3.07 WEIGHTED FTE COUNT FOR PRIMARY CARE PHYSICIANS IN AN	3.07
ALLOPATHIC AND OSTEOPATHIC PROGRAM FOR THE CURRENT YEAR.	
IF CURRENT YEAR IS ZERO AND TEACHING PROGRAM WAS IN	
EXISTENCE IN PRIOR YEAR ENTER COUNT IN COLUMN ZERO	2 00
3.08 WEIGHTED FTE COUNT FOR ALL OTHER PHYSICIANS IN AN	3.08
ALLOPATHIC AND OSTEOPATHIC PROGRAM FOR THE CURRENT YEAR.	
IF CURRENT YEAR IS ZERO AND TEACHING PROGRAM WAS IN EXISTENCE IN PRIOR YEAR ENTER COUNT IN COLUMN ZERO	
EATSIENCE IN PRIOR YEAR ENIER COUNT IN COLUMN ZERO 3.09 SUM OF LINES 3.07 AND LINE 3.08	3.09
3.10 SEE INSTRUCTIONS	3.10
3.11 WEIGHTED DENTAL AND PODIATRIC RESIDENT FTE COUNT FOR THE	3.11
CURRENT YEAR. IF CURRENT YEAR IS ZERO AND TEACHING PROGRAM	3.11
WAS IN EXISTENCE IN PRIOR YEAR ENTER COUNT IN COLUMN ZERO	
3.12 SEE INSTRUCTIONS	3.12
3.13 TOTAL WEIGHTED RESIDENT FTE COUNT FOR THE PRIOR CR YEAR.	3.13
(SEE INSTRUCTIONS)	
3.14 TOTAL WEIGHTED RESIDENT FTE COUNT FOR PENULTIMATE CR YEAR.	3.14
(SEE INSTRUCTIONS)	
3.15 ROLLING AVERAGE FTE COUNT (SEE INSTRUCTIONS)	3.15
3.16 SEE INSTRUCTIONS [RESIDENTS IN INITIAL YEARS 0.00]	3.16
3.17 SEE INSTRUCTIONS	3.17
3.18 SEE INSTRUCTIONS	3.18

PROVIDER NO. 14-0179 LITTLE COMPANY OF MARY
PERIOD FROM 07/01/2007 TO 06/30/2008 KPMG LLP COMPU-MAX MICRO SYSTEM
IN LIEU OF FORM CMS-2552-96 (11/98) VERSION: 2008.05 11/30/2008 12:00

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DIRECT GRADUATE MEDICAL EDUCATION (GME) & ESRD OUTPATIENT DIRECT MEDICAL EDUCATION COSTS	WC	PART IV (CONT)
[] TITLE V		,
3.19 SEE INSTRUCTIONS 3.20 SEE INSTRUCTIONS 3.21 SEE INSTRUCTIONS 3.22 SEE INSTRUCTIONS [RESIDENTS IN INITIAL YEARS 0.00] 3.23 SEE INSTRUCTIONS DEPENDING ON THE COST REPORTING PERIODS BEGINNING PRIOR TO 10/01/2001 OR ON OR AFTER 10/01/2001	0.00	3.19 3.20 3.21 3.22 3.23
3.24 SEE INSTRUCTIONS DEPENDING ON THE COST REPORTING PERIODS		3.24
BEGINNING PRIOR TO 10/01/2001 OR ON OR AFTER 10/01/2001 3.25 SEE INSTRUCTIONS DEPENDING ON THE COST REPORTING PERIODS BEGINNING PRIOR TO 10/01/2001 OR ON OR AFTER 10/01/2001		3.25
COMPUTATION OF PROGRAM PATIENT LOAD		
4 PROGRAM PART A INPATIENT DAYS	8536	4
5 TOTAL INPATIENT DAYS	66141	5
6 RATIO OF PROGRAM INPATIENT DAYS TO TOTAL INPATIENT DAYS [LINE 6 x] [E-3,PART 6] [LINE 3.25] [LINE 11]	.129058	6
6.01 TOTAL GME PAYMENT FOR NON-MANAGED CARE DAYS 0 0		6.01
6.02 PROGRAM MANAGED CARE DAYS OCCURRING ON OR AFTER JAN 1 OF THIS COST REPORTING PERIOD		6.02
OF THIS COST REPORTING PERTOD 6.03 TOTAL INPATIENT DAYS FROM LINE 5 ABOVE	66141	6.03
6.04 APPROPRIATE PERCENTAGE FOR INCLUSION OF MANAGED CARE DAYS	100.00	6.04
6.05 GRADUATE MEDICAL EDUCATION PAYMENT FOR MANAGED CARE DAYS ON		6.05
OR AFTER JAN 1 THROUGH THE END OF THE COST REPORTING PERIOD		
6.06 PROGRAM MANAGED CARE DAYS OCCURRING BEFORE JAN 1 OF THIS		6.06
COST REPORTING YEAR 6.07 APPROPRIATE PERCENTAGE USING THE CRITERIA IDENTIFIED ON	100.00	6.07
LINE 6.04 ABOVE	100.00	0.07
[PRIOR TO] [E-3,PART 6] [422] [LINE 12]		
6.08 GRAD.MED.ED.PAYMENT FOR MANAGED CARE DAYS 0 0		6.08
PRIOR TO JAN 1 OF THIS COST REPORTING PERIOD		
DIRECT MEDICAL EDUCATION COSTS FOR ESRD COMPOSITE RATE - TITLE XVIII ONLY (NURSING SCHOOL AND PARAMEDICAL EDUCATION COSTS)		
7 RENAL DIALYSIS DIRECT MEDICAL EDUCATION COSTS		7
8 RENAL DIALYSIS AND HOME DIALYSIS TOTAL CHARGES		8
9 RATIO OF DIRECT MEDICAL EDUCATION COSTS TO TOTAL CHARGES		9
10 MEDICARE O/P ESRD CHARGES 11 MEDICARE O/P ESRD DIRECT MEDICAL EDUCATION COSTS		10 11
11 MEDICARE O/P ESRD DIRECT MEDICAL EDUCATION COSTS		11

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 IN LIEU OF FORM CMS-2552-96 (11/98)
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	DIRECT GRADUATE MEDICAL EDUCATION (GME) & ESRD OUTPATIENT DIRECT MEDICAL EDUCATION COSTS [] TITLE V [] TITLE XVIII [XX] TITLE XIX					
	() IIIDE V () IIIDE AVIII	[VY] IIIDE VIV				
	APPORTIONMENT BASED ON MEDICARE REASONABLE COST - TITLE XVIII ONLY					
	PART A REASONABLE COST					
12	REASONABLE COST		12			
13	ORGAN ACQUISITION COSTS		13			
14	COST OF TEACHING PHYSICIANS		14			
15	PRIMARY PAYER PAYMENTS		15			
16	TOTAL PART A REASONABLE COST		16			
	PART B REASONABLE COST					
17	REASONABLE COST		17			
18	PRIMARY PAYER PAYMENTS		18			
19	TOTAL PART B REASONABLE COST		19			
20 21	TOTAL REASONABLE COST		20 21			
22	RATIO OF PART A REASONABLE COST TO TOTAL REASONABLE COST RATIO OF PART B REASONABLE COST TO TOTAL REASONABLE COST		21			
22	RATIO OF PART B REASONABLE COST TO TOTAL REASONABLE COST		22			
	ALLOCATION OF MEDICARE DIRECT GME COSTS BETWEEN PART A AND PART B					
23 23. 24 25	TOTAL PROGRAM GME PAYMENT		23 23.01 24 25			

BALANCE SHEET WORKSHEET G

	ASSETS	GENERAL FUND	SPECIFIC PURPOSE	ENDOWMENT FUND	PLANT FUND	
		1	FUND 2	3	4	
	CURRENT ASSETS	±	-	J	-	
1 2	CASH ON HAND AND IN BANKS TEMPORARY INVESTMENTS	15810601				1 2
3 4	NOTES RECEIVABLE ACCOUNTS RECEIVABLE	26269647				3 4
5	OTHER RECEIVABLES	20203017				5
6	ALLOWANCE FOR UNCOLLECTIBLE					
7	NOTES & ACCOUNTS RECEIVABLE					6 7
8	INVENTORY PREPAID EXPENSES	3485022				8
9	OTHER CURRENT ASSETS	81969				9
10	DUE FROM OTHER FUNDS					10
11	TOTAL CURRENT ASSETS	45647239				11
	FIXED ASSETS					
12	LAND	13211674				12
	ACCUMULATED DEPRECIATION	0105505				12.01
13 13 01	LAND IMPROVEMENTS ACCUMULATED DEPRECIATION	2125707				13 13.01
14	BUILDINGS	139872507				14
	ACCUMULATED DEPRECIATION	-151940188				14.01
	LEASEHOLD IMPROVEMENTS ACCUMULATED AMORTIZATION					15 15.01
	FIXED EQUIPMENT	82567330				16
16.01	ACCUMULATED DEPRECIATION					16.01
17	AUTOMOBILES AND TRUCKS ACCUMULATED DEPRECIATION					17 17.01
	MAJOR MOVABLE EQUIPMENT					18
	ACCUMULATED DEPRECIATION					18.01
19	MINOR EQUIPMENT DEPRECIABLE					19
19.01 20	ACCUMULATED DEPRECIATION MINOR EQUIPMENT-NONDEPRECIABLE					19.01 20
21	TOTAL FIXED ASSETS	85837030				21
22	OTHER ASSETS INVESTMENTS	397305103				22
23	DEPOSITS ON LEASES	39/303103				23
24	DUE FROM OWNERS/OFFICERS					24
25	OTHER ASSETS	100649513				25
26	TOTAL OTHER ASSETS	497954616				26
26	TOTAL ASSETS	629438885				26
	TOTAL ASSETS	629438885	00007070		D7.33W	
		629438885 GENERAL	SPECIFIC	ENDOWMENT	PLANT	
	TOTAL ASSETS	629438885	SPECIFIC PURPOSE FUND	ENDOWMENT FUND	PLANT FUND	
	TOTAL ASSETS LIABILITIES AND FUND BALANCES	629438885 GENERAL	PURPOSE			
27	TOTAL ASSETS LIABILITIES AND FUND BALANCES CURRENT LIABILITIES	629438885 GENERAL FUND	PURPOSE FUND	FUND	FUND	27
27	TOTAL ASSETS LIABILITIES AND FUND BALANCES CURRENT LIABILITIES ACCOUNTS PAYABLE	629438885 GENERAL FUND	PURPOSE FUND	FUND	FUND	
28 29 30	TOTAL ASSETS LIABILITIES AND FUND BALANCES CURRENT LIABILITIES ACCOUNTS PAYABLE SALARIES, WAGES & FEES PAYABLE PAYROLL TAXES PAYABLE	629438885 GENERAL FUND 1 6391011	PURPOSE FUND	FUND	FUND	27 28 29 30
28 29 30 31	TOTAL ASSETS LIABILITIES AND FUND BALANCES CURRENT LIABILITIES ACCOUNTS PAYABLE SALARIES, WAGES & FEES PAYABLE PAYROLL TAXES PAYABLE NOTES & LOANS PAYABLE (SHORT TERM)	629438885 GENERAL FUND	PURPOSE FUND	FUND	FUND	28 29 30 31
28 29 30 31 32	TOTAL ASSETS LIABILITIES AND FUND BALANCES CURRENT LIABILITIES ACCOUNTS PAYABLE SALARIES, WAGES & FEES PAYABLE PAYROLL TAXES PAYABLE NOTES & LOANS PAYABLE (SHORT TERM) DEFERRED INCOME	629438885 GENERAL FUND 1 6391011	PURPOSE FUND	FUND	FUND	28 29 30 31 32
28 29 30 31	TOTAL ASSETS LIABILITIES AND FUND BALANCES CURRENT LIABILITIES ACCOUNTS PAYABLE SALARIES, WAGES & FEES PAYABLE PAYROLL TAXES PAYABLE NOTES & LOANS PAYABLE (SHORT TERM)	629438885 GENERAL FUND 1 6391011	PURPOSE FUND	FUND	FUND	28 29 30 31
28 29 30 31 32 33 34 35	TOTAL ASSETS LIABILITIES AND FUND BALANCES CURRENT LIABILITIES ACCOUNTS PAYABLE SALARIES, WAGES & FEES PAYABLE PAYROLL TAXES PAYABLE NOTES & LOANS PAYABLE (SHORT TERM) DEFERRED INCOME ACCELERATED PAYMENTS DUE TO OTHER FUNDS OTHER CURRENT LIABILITIES	629438885 GENERAL FUND 1 6391011 2985000 35683903 28489236	PURPOSE FUND	FUND	FUND	28 29 30 31 32 33 34 35
28 29 30 31 32 33 34	TOTAL ASSETS LIABILITIES AND FUND BALANCES CURRENT LIABILITIES ACCOUNTS PAYABLE SALARIES, WAGES & FEES PAYABLE PAYROLL TAXES PAYABLE NOTES & LOANS PAYABLE (SHORT TERM) DEFERRED INCOME ACCELERATED PAYMENTS DUE TO OTHER FUNDS	629438885 GENERAL FUND 1 6391011 2985000 35683903	PURPOSE FUND	FUND	FUND	28 29 30 31 32 33 34
28 29 30 31 32 33 34 35	TOTAL ASSETS LIABILITIES AND FUND BALANCES CURRENT LIABILITIES ACCOUNTS PAYABLE SALARIES, WAGES & FEES PAYABLE PAYROLL TAXES PAYABLE NOTES & LOANS PAYABLE (SHORT TERM) DEFERRED INCOME ACCELERATED PAYMENTS DUE TO OTHER FUNDS OTHER CURRENT LIABILITIES	629438885 GENERAL FUND 1 6391011 2985000 35683903 28489236	PURPOSE FUND	FUND	FUND	28 29 30 31 32 33 34 35
28 29 30 31 32 33 34 35 36	TOTAL ASSETS LIABILITIES AND FUND BALANCES CURRENT LIABILITIES ACCOUNTS PAYABLE SALARIES, WAGES & FEES PAYABLE PAYROLL TAXES PAYABLE NOTES & LOANS PAYABLE (SHORT TERM) DEFERRED INCOME ACCELERATED PAYMENTS DUE TO OTHER FUNDS OTHER CURRENT LIABILITIES TOTAL CURRENT LIABILITIES LONG-TERM LIABILITIES MORTGAGE PAYABLE	629438885 GENERAL FUND 1 6391011 2985000 35683903 28489236	PURPOSE FUND	FUND	FUND	28 29 30 31 32 33 34 35 36
28 29 30 31 32 33 34 35 36	TOTAL ASSETS LIABILITIES AND FUND BALANCES CURRENT LIABILITIES ACCOUNTS PAYABLE SALARIES, WAGES & FEES PAYABLE PAYROLL TAXES PAYABLE NOTES & LOANS PAYABLE (SHORT TERM) DEFERRED INCOME ACCELERATED PAYMENTS DUE TO OTHER FUNDS OTHER CURRENT LIABILITIES TOTAL CURRENT LIABILITIES LONG-TERM LIABILITIES MORTGAGE PAYABLE NOTES PAYABLE	629438885 GENERAL FUND 1 6391011 2985000 35683903 28489236 73549150	PURPOSE FUND	FUND	FUND	28 29 30 31 32 33 34 35 36
28 29 30 31 32 33 34 35 36	TOTAL ASSETS LIABILITIES AND FUND BALANCES CURRENT LIABILITIES ACCOUNTS PAYABLE SALARIES, WAGES & FEES PAYABLE PAYROLL TAXES PAYABLE NOTES & LOANS PAYABLE (SHORT TERM) DEFERRED INCOME ACCELERATED PAYMENTS DUE TO OTHER FUNDS OTHER CURRENT LIABILITIES TOTAL CURRENT LIABILITIES LONG-TERM LIABILITIES MORTGAGE PAYABLE NOTES PAYABLE UNSECURED LOANS	629438885 GENERAL FUND 1 6391011 2985000 35683903 28489236 73549150	PURPOSE FUND	FUND	FUND	28 29 30 31 32 33 34 35 36
28 29 30 31 32 33 34 35 36	TOTAL ASSETS LIABILITIES AND FUND BALANCES CURRENT LIABILITIES ACCOUNTS PAYABLE SALARIES, WAGES & FEES PAYABLE PAYROLL TAXES PAYABLE NOTES & LOANS PAYABLE (SHORT TERM) DEFERRED INCOME ACCELERATED PAYMENTS DUE TO OTHER FUNDS OTHER CURRENT LIABILITIES TOTAL CURRENT LIABILITIES LONG-TERM LIABILITIES MORTGAGE PAYABLE NOTES PAYABLE UNSECURED LOANS LOANS FROM OWNERS .01 PRIOR TO 7/1/66 .02 ON OR AFTER 7/1/66	GENERAL FUND 1 6391011 2985000 35683903 28489236 73549150 131355000	PURPOSE FUND	FUND	FUND	28 29 30 31 32 33 34 35 36
28 29 30 31 32 33 34 35 36	CURRENT LIABILITIES ACCOUNTS PAYABLE SALARIES, WAGES & FEES PAYABLE PAYROLL TAXES PAYABLE NOTES & LOANS PAYABLE (SHORT TERM) DEFERRED INCOME ACCELERATED PAYMENTS DUE TO OTHER FUNDS OTHER CURRENT LIABILITIES TOTAL CURRENT LIABILITIES LONG-TERM LIABILITIES MORTGAGE PAYABLE NOTES PAYABLE UNSECURED LOANS LOANS FROM OWNERS .01 PRIOR TO 7/1/66 .02 ON OR AFTER 7/1/66 OTHER LONG TERM LIABILITIES	629438885 GENERAL FUND 1 6391011 2985000 35683903 28489236 73549150 131355000	PURPOSE FUND	FUND	FUND	28 29 30 31 32 33 34 35 36
28 29 30 31 32 33 34 35 36	TOTAL ASSETS LIABILITIES AND FUND BALANCES CURRENT LIABILITIES ACCOUNTS PAYABLE SALARIES, WAGES & FEES PAYABLE PAYROLL TAXES PAYABLE NOTES & LOANS PAYABLE (SHORT TERM) DEFERRED INCOME ACCELERATED PAYMENTS DUE TO OTHER FUNDS OTHER CURRENT LIABILITIES TOTAL CURRENT LIABILITIES LONG-TERM LIABILITIES MORTGAGE PAYABLE NOTES PAYABLE UNSECURED LOANS LOANS FROM OWNERS .01 PRIOR TO 7/1/66 .02 ON OR AFTER 7/1/66 OTHER LONG TERM LIABILITIES	629438885 GENERAL FUND 1 6391011 2985000 35683903 28489236 73549150 131355000 69967079 201322079	PURPOSE FUND	FUND	FUND	28 29 30 31 32 33 34 35 36
28 29 30 31 32 33 34 35 36	CURRENT LIABILITIES ACCOUNTS PAYABLE SALARIES, WAGES & FEES PAYABLE PAYROLL TAXES PAYABLE NOTES & LOANS PAYABLE (SHORT TERM) DEFERRED INCOME ACCELERATED PAYMENTS DUE TO OTHER FUNDS OTHER CURRENT LIABILITIES TOTAL CURRENT LIABILITIES LONG-TERM LIABILITIES MORTGAGE PAYABLE UNSECURED LOANS LOANS FROM OWNERS .01 PRIOR TO 7/1/66 .02 ON OR AFTER 7/1/66 OTHER LONG TERM LIABILITIES TOTAL LONG TERM LIABILITIES	629438885 GENERAL FUND 1 6391011 2985000 35683903 28489236 73549150 131355000	PURPOSE FUND	FUND	FUND	28 29 30 31 32 33 34 35 36
28 29 30 31 32 33 34 35 36 37 38 39 40 41 42 43	TOTAL ASSETS LIABILITIES AND FUND BALANCES CURRENT LIABILITIES ACCOUNTS PAYABLE SALARIES, WAGES & FEES PAYABLE PAYROLL TAXES PAYABLE NOTES & LOANS PAYABLE (SHORT TERM) DEFERRED INCOME ACCELERATED PAYMENTS DUE TO OTHER FUNDS OTHER CURRENT LIABILITIES TOTAL CURRENT LIABILITIES LONG-TERM LIABILITIES MORTGAGE PAYABLE NOTES PAYABLE UNSECURED LOANS LOANS FROM OWNERS .01 PRIOR TO 7/1/66 .02 ON OR AFTER 7/1/66 OTHER LONG TERM LIABILITIES TOTAL LONG TERM LIABILITIES TOTAL LIABILITIES	629438885 GENERAL FUND 1 6391011 2985000 35683903 28489236 73549150 131355000 69967079 201322079 274871229	PURPOSE FUND	FUND	FUND	28 29 30 31 32 33 34 35 36 37 38 39 40 41 42 43
28 29 30 31 32 33 34 35 36 37 38 39 40 41 42 43	TOTAL ASSETS LIABILITIES AND FUND BALANCES CURRENT LIABILITIES ACCOUNTS PAYABLE SALARIES, WAGES & FEES PAYABLE PAYROLL TAXES PAYABLE NOTES & LOANS PAYABLE (SHORT TERM) DEFFERED INCOME ACCELERATED PAYMENTS DUE TO OTHER FUNDS OTHER CURRENT LIABILITIES TOTAL CURRENT LIABILITIES LONG-TERM LIABILITIES MORTGAGE PAYABLE NOTES PAYABLE UNSECURED LOANS LOANS FROM OWNERS .01 PRIOR TO 7/1/66 OTHER LONG TERM LIABILITIES TOTAL LONG TERM LIABILITIES TOTAL LONG TERM LIABILITIES TOTAL LONG TERM LIABILITIES TOTAL LIABILITIES CAPITAL ACCOUNTS GENERAL FUND BALANCE	629438885 GENERAL FUND 1 6391011 2985000 35683903 28489236 73549150 131355000 69967079 201322079	PURPOSE FUND	FUND	FUND	28 29 30 31 32 33 34 35 36 37 38 39 40 41 42 43
28 29 30 31 32 33 34 35 36 37 38 39 40 41 42 43	TOTAL ASSETS LIABILITIES AND FUND BALANCES CURRENT LIABILITIES ACCOUNTS PAYABLE SALARIES, WAGES & FEES PAYABLE PAYROLL TAXES PAYABLE NOTES & LOANS PAYABLE (SHORT TERM) DEFERRED INCOME ACCELERATED PAYMENTS DUE TO OTHER FUNDS OTHER CURRENT LIABILITIES TOTAL CURRENT LIABILITIES LONG-TERM LIABILITIES MORTGAGE PAYABLE NOTES PAYABLE UNSECURED LOANS LOANS FROM OWNERS .01 PRIOR TO 7/1/66 .02 ON OR AFTER 7/1/66 OTHER LONG TERM LIABILITIES TOTAL LONG TERM LIABILITIES TOTAL LIABILITIES	629438885 GENERAL FUND 1 6391011 2985000 35683903 28489236 73549150 131355000 69967079 201322079 274871229	PURPOSE FUND	FUND	FUND	28 29 30 31 32 33 34 35 36 37 38 39 40 41 42 43
28 29 30 31 32 33 34 35 36 37 38 39 40 41 42 43	CURRENT LIABILITIES ACCOUNTS PAYABLE SALARIES, WAGES & FEES PAYABLE PAYROLL TAXES PAYABLE NOTES & LOANS PAYABLE (SHORT TERM) DEFERRED INCOME ACCELERATED PAYMENTS DUE TO OTHER FUNDS OTHER CURRENT LIABILITIES TOTAL CURRENT LIABILITIES LONG-TERM LIABILITIES MORTGAGE PAYABLE NOTES PAYABLE UNSECURED LOANS LOANS FROM OWNERS .01 PRIOR TO 7/1/66 .02 ON OR AFTER 7/1/66 OTHER LONG TERM LIABILITIES TOTAL LONG TERM LIABILITIES TOTAL LONG TERM LIABILITIES TOTAL LONG TERM LIABILITIES TOTAL LIABILITIES CAPITAL ACCOUNTS GENERAL FUND BALANCE SPECIFIC PURPOSE FUND BALANCE DONOR CREATED-ENDOWMENT FUND BAL-RESTRICTED DONOR CREATED-ENDOWMENT FUND BAL-UNRESTRICTED	629438885 GENERAL FUND 1 6391011 2985000 35683903 28489236 73549150 131355000 69967079 201322079 274871229	PURPOSE FUND	FUND	FUND	28 29 30 31 32 33 34 35 36 37 38 39 40 41 42 43
28 29 30 31 32 33 34 35 36 37 38 39 40 41 42 43	CURRENT LIABILITIES ACCOUNTS PAYABLE SALARIES, WAGES & FEES PAYABLE PAYROLL TAXES PAYABLE NOTES & LOANS PAYABLE (SHORT TERM) DEFERRED INCOME ACCELERATED PAYMENTS DUE TO OTHER FUNDS OTHER CURRENT LIABILITIES TOTAL CURRENT LIABILITIES MORTGAGE PAYABLE NOTES PAYABLE UNSECURED LOANS LOANS FROM OWNERS .01 PRIOR TO 7/1/66 .02 ON OR AFTER 7/1/66 OTHER LONG TERM LIABILITIES TOTAL LONG TERM LIABILITIES TOTAL LONG TERM LIABILITIES CAPITAL ACCOUNTS GENERAL FUND BALANCE SPECIFIC PURPOSE FUND BALANCE DONOR CREATED-ENDOWMENT FUND BAL-RESTRICTED DONOR CREATED-ENDOWMENT FUND BAL-UNRESTRICTED GOVERNING BODY CREATED - ENDOWMENT FUND BAL	629438885 GENERAL FUND 1 6391011 2985000 35683903 28489236 73549150 131355000 69967079 201322079 274871229	PURPOSE FUND	FUND	FUND	28 29 30 31 32 33 34 35 36 37 38 39 40 41 42 43
28 29 30 31 32 33 34 35 36 37 38 39 40 41 42 43	CURRENT LIABILITIES ACCOUNTS PAYABLE SALARIES, WAGES & FEES PAYABLE PAYROLL TAXES PAYABLE NOTES & LOANS PAYABLE (SHORT TERM) DEFERRED INCOME ACCELERATED PAYMENTS DUE TO OTHER FUNDS OTHER CURRENT LIABILITIES TOTAL CURRENT LIABILITIES LONG-TERM LIABILITIES LONG-TERM LIABILITIES WORTGAGE PAYABLE UNSECURED LOANS LOANS FROM OWNERS .01 PRIOR TO 7/1/66 .02 ON OR AFTER 7/1/66 OTHER LONG TERM LIABILITIES TOTAL LONG TERM LIABILITIES CAPITAL ACCOUNTS GENERAL FUND BALANCE SPECIFIC PURPOSE FUND BALANCE DONOR CREATED-ENDOWMENT FUND BAL-RESTRICTED DONOR CREATED-ENDOWMENT FUND BAL-UNRESTRICTED GOVERNING BODY CREATED - ENDOWMENT FUND BAL PLANT FUND BALANCE - INVESTED IN PLANT	629438885 GENERAL FUND 1 6391011 2985000 35683903 28489236 73549150 131355000 69967079 201322079 274871229	PURPOSE FUND	FUND	FUND	28 29 30 31 32 33 34 35 36 37 38 39 40 41 42 43
28 29 30 31 32 33 34 35 36 37 38 39 40 41 42 43 44 45 46 47 48 49 50	CURRENT LIABILITIES ACCOUNTS PAYABLE SALARIES, WAGES & FEES PAYABLE PAYROLL TAXES PAYABLE NOTES & LOANS PAYABLE (SHORT TERM) DEFFERRED INCOME ACCELERATED PAYMENTS DUE TO OTHER FUNDS OTHER CURRENT LIABILITIES TOTAL CURRENT LIABILITIES LONG-TERM LIABILITIES MORTGAGE PAYABLE NOTES PAYABLE UNSECURED LOANS LOANS FROM OWNERS .01 PRIOR TO 7/1/66 .02 ON OR AFTER 7/1/66 OTHER LONG TERM LIABILITIES TOTAL LONG TERM LIABILITIES CAPITAL ACCOUNTS GENERAL FUND BALANCE SPECIFIC PURPOSE FUND BALANCE DONOR CREATED-ENDOWMENT FUND BAL-RESTRICTED DONOR CREATED-ENDOWMENT FUND BAL-UNRESTRICTED GOVERNING BODY CREATED - ENDOWMENT FUND BAL PLANT FUND BALANCE - INVESTED IN PLANT PLANT FUND BALANCE - RESERVE FOR PLANT IMPROVEMENT, REPLACEMENT AND EXPANSION	GENERAL FUND 1 6391011 2985000 35683903 28489236 73549150 131355000 69967079 201322079 274871229 354567656	PURPOSE FUND	FUND	FUND	28 29 30 31 32 33 34 35 36 37 38 39 40 41 42 43 44 45 46 47 48 49 50
28 29 30 31 32 33 34 35 36 37 38 39 40 41 42 43 44 45 46 47 48 49	CURRENT LIABILITIES ACCOUNTS PAYABLE SALARIES, WAGES & FEES PAYABLE PAYROLL TAXES PAYABLE NOTES & LOANS PAYABLE (SHORT TERM) DEFERRED INCOME ACCELERATED PAYMENTS DUE TO OTHER FUNDS OTHER CURRENT LIABILITIES TOTAL CURRENT LIABILITIES LONG-TERM LIABILITIES MORTGAGE PAYABLE NOTES PAYABLE UNSECURED LOANS LOANS FROM OWNERS .01 PRIOR TO 7/1/66 .02 ON OR AFTER 7/1/66 OTHER LONG TERM LIABILITIES TOTAL LONG TERM LIABILITIES TOT	629438885 GENERAL FUND 1 6391011 2985000 35683903 28489236 73549150 131355000 69967079 201322079 274871229	PURPOSE FUND	FUND	FUND	28 29 30 31 32 33 34 35 36 37 38 39 40 41 42 43 44 45 46 47 48 49
28 29 30 31 32 33 34 35 36 37 38 39 40 41 42 43 44 45 46 47 48 49 50	CURRENT LIABILITIES ACCOUNTS PAYABLE SALARIES, WAGES & FEES PAYABLE PAYROLL TAXES PAYABLE NOTES & LOANS PAYABLE (SHORT TERM) DEFFERRED INCOME ACCELERATED PAYMENTS DUE TO OTHER FUNDS OTHER CURRENT LIABILITIES TOTAL CURRENT LIABILITIES LONG-TERM LIABILITIES MORTGAGE PAYABLE NOTES PAYABLE UNSECURED LOANS LOANS FROM OWNERS .01 PRIOR TO 7/1/66 .02 ON OR AFTER 7/1/66 OTHER LONG TERM LIABILITIES TOTAL LONG TERM LIABILITIES CAPITAL ACCOUNTS GENERAL FUND BALANCE SPECIFIC PURPOSE FUND BALANCE DONOR CREATED-ENDOWMENT FUND BAL-RESTRICTED DONOR CREATED-ENDOWMENT FUND BAL-UNRESTRICTED GOVERNING BODY CREATED - ENDOWMENT FUND BAL PLANT FUND BALANCE - INVESTED IN PLANT PLANT FUND BALANCE - RESERVE FOR PLANT IMPROVEMENT, REPLACEMENT AND EXPANSION	GENERAL FUND 1 6391011 2985000 35683903 28489236 73549150 131355000 69967079 201322079 274871229 354567656	PURPOSE FUND	FUND	FUND	28 29 30 31 32 33 34 35 36 37 38 39 40 41 42 43 44 45 46 47 48 49 50

STATEMENT OF CHANGES IN FUND BALANCES

WORKSHEET G-1

PROVIDER NO. 14-0179 LITTLE COMPANY OF MARY PERIOD FROM 07/01/2007 TO 06/30/2008 KPMG LLP COMPU-MAX MICRO SYSTEM
IN LIEU OF FORM CMS-2552-96 (9/96) VERSION: 2008.05 11/30/2008 12:00

	011112112111 01 011111020 111 10112 2111	11.020			WORKEDIEDI O I
		GENERAL FUND 1	SPECIFIC PURPOSE FUND 2	ENDOWMENT FUND	PLANT FUND 4
1	FUND BALANCES AT BEGINNING OF PERIOD	358522737			1
2	NET INCOME (LOSS)	8304235			2
3	TOTAL	366826972			3
4	ADDITIONS (CREDIT ADJUSTMENTS)				4
5	OTHER ADJ, NET	444367			5
6					6
7					7
8					8
9	CONTR. OF PROPERTY AND EQUIP				9
10	TOTAL ADDITIONS	444367			10
11	SUBTOTAL	367271339			11
12	DEDUCTIONS (DEBIT ADJUSTMENTS)				12
13	PENSION ADJUSTMENT	12703683			13
14					14
15					15
16					16
17					17
18	TOTAL DEDUCTIONS	12703683			18
19	FUND BALANCE AT END OF PERIOD PER BALANCE SHEET	354567656			19

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STATEMENT OF PATIENT REVENUES AND OPERATING EXPENSES

WORKSHEET G-2 PARTS I & II

PART I - PATIENT REVENUES

	REVENUE CENTER	INPATIENT	OUTPATIENT 2	TOTAL 3	
1	GENERAL INPATIENT ROUTINE CARE SERVICES HOSPITAL	83102841	2	83102841	1
2	SUBPROVIDER I	6928992		6928992	2
4	SWING BED - SNF				4
5	SWING BED - NF				5
6	SKILLED NURSING FACILITY				6
7	NURSING FACILITY				7
8	OTHER LONG TERM CARE				8
9	TOTAL GENERAL INPATIENT CARE SERVICES	90031833		90031833	9
	INTENSIVE CARE TYPE INPATIENT HOSPITAL SERVICES	0050004		0050004	
10	INTENSIVE CARE UNIT	20509984		20509984	10
11	CORONARY CARE UNIT				11
12	BURN INTENSIVE CARE UNIT				12
13	SURGICAL INTENSIVE CARE UNIT	2652740		2652740	13
	NICU	3652749		3652749	13.10 14
14 15	OTHER SPECIAL CARE (SPECIFY) TOTAL INTENSIVE CARE TYPE INPATIENT HOSPITAL SERVICE	24162733		24162733	15
16	TOTAL INTENSIVE CARE TYPE INPATIENT HOSPITAL SERVICE TOTAL INPATIENT ROUTINE CARE SERVICES			114194566	15 16
17	ANCILLARY SERVICES	114194566 296041476	240583065	536624541	16 17
18	OUTPATIENT SERVICES	296041476	1293180	1293180	18
	WOUND CARE CENTER		1293100	1293160	18.10
18.50					18.50
18.60					18.60
19	HOME HEALTH AGENCY		5293756	5293756	19
20	AMBULANCE		3293730	3293730	20
21	CORF				21
22	ASC				22
23	HOSPICE		2298924	2298924	23
24	1001101		2230321	2270721	24
25	TOTAL PATIENT REVENUES	410236042	249468925	659704967	25
	PART II - OI	PERATING EXPENSES			
0.6	ODEDIATIVA EVERYADA	1		2	0.6
26	OPERATING EXPENSES			175513146	26
27 28	ADD (SPECIFY) BAD DEBTS	14642	1417		27 28
28 29	BAD DERIZ	14042	141/		28 29
30					30
31					31
32					32
33	TOTAL ADDITIONS			14642417	33
34	DEDUCT (SPECIFY)			14042417	34
35	DEDUCT (SPECIFI)				35
36	PROVE LEVEL DEPRECIATION				36
37	INOVE DEVEL DEFINED THE CONTROL				37
38					38
39	TOTAL DEDUCTIONS				39
40	TOTAL OPERATING EXPENSES			190155563	40
10	TOTAL OF ENGLISHED BAT BRODD			170133303	10

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STATEMENT OF REVENUES AND EXPENSES WORKSHEET G-3

DESCRIPTION

1 2 3 4 5	TOTAL PATIENT REVENUES LESS - CONTRACTUAL ALLOWANCES AND DISCOUNTS ON PATIENTS' ACCOUNTS NET PATIENT REVENUES LESS - TOTAL OPERATING EXPENSES NET INCOME FROM SERVICE TO PATIENTS	659704967 464058119 195646848 190155563 5491285	1 2 3 4 5
6 7 8 9 10 11	CONTRIBUTIONS, DONATIONS, BEQUESTS, ETC. INCOME FROM INVESTMENTS REVENUE FROM TELEPHONE AND TELEGRAPH SERVICE REVENUE FROM TELEVISION AND RADIO SERVICE PURCHASE DISCOUNTS REBATES AND REFUNDS OF EXPENSES PARKING LOT RECEIPTS	1094441 797992	6 7 8 9 10 11 12
13 14 15 16	REVENUE FROM LAUNDRY AND LINEN SERVICE REVENUE FROM MEALS SOLD TO EMPLOYEES AND GUESTS REVENUE FROM RENTAL OF LIVING QUARTERS REV FROM SALE OF MED & SURG SUPP TO OTHER THAN PATIENTS	759417	13 14 15 16
17 18 19 20	REVENUE FROM SALE OF DRUGS TO OTHER THAN PATIENTS REVENUE FROM SALE OF MEDICAL RECORDS AND ABSTRACTS TUITION (FEES, SALE OF TEXTBOOKS, UNIFORMS, ETC.) REVENUE FROM GIFTS, FLOWER, COFFEE SHOPS, CANTEEN	71543	17 18 19 20
21 22 23	REVIENDE FROM GIFIS, FLOWER, COFFEE SHOPS, CANTEEN RENTAL OF VENDING MACHINES RENTAL OF HOSPITAL SPACE GOVERNMENTAL APPROPRIATIONS	8679	21 22 23
24.02	RESTRICTED/UNRESTRICTED FD REV ADULT DAY CARE CARDIOLOGY PROFESSIONAL BILLING REV	540403 270603 201749	24 24.01 24.02
24.04 24.05	AFFILIATE SERVICES HEALTH PROMOTION CYTOPATHOLOGY	328390 78881 39616	24.03 24.04 24.05
24.07 24.08	PHARMACY REVENUE MISCELLANEOUS REVENUE SELF INSURANCE INVESTMENT INCOME MATERNAL EDUCATION	71543 221884 2245406 4994	24.06 24.07 24.08 24.09
24.10 24.11	MATERNAL EDUCATION SCRAP SILVER REVENUE MEDICAL STAFFAPPLICATIONS VOTIVE LIGHT REVENUE	9895 21500 10778	24.10 24.11 24.12
24.13 24.14	ANSWERING SERVICE REVENUE OTHER BUILDING RENTAL INCOME AUDIT REVENUE	225340 255314 655	24.12 24.13 24.14 24.15
24.17 24.18 24.19	CLASS REVENUE PURCH SERVICES REVENUE HHA MISC. REVENUE HOSPICE OTHER REVENUE LCC CONNECTIONS REVENUE	1050 3117	24.16 24.17 24.18 24.19 24.20
24.22	VOLUNTEER RESOURCES INCOME ECG REVENUE CASH OVER/SHORT	1790	24.21 24.22 24.23
25 26 27	TOTAL OTHER INCOME TOTAL	7264980 12756265	25 26 27
28 29	LOSS ON REFINANCING OF DEBT	4452030	27.01 28 29
30 31	TOTAL OTHER EXPENSES NET INCOME (OR LOSS) FOR THE PERIOD	4452030 8304235	30 31

 KPMG LLP COMPU-MAX MICRO SYSTEM
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 IN LIEU OF FORM CMS-2552-96 (05/2007)
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 HHA NO.: 14-7404

	ANALYSIS OF PROVIDER-BASED HOME HEALTH AGENCY	COSTS	HHA NO		WORKSHEET H		
		SALARIES	EMPLOYEE BENEFITS	TRANS- PORTATION	CONTRACTED/ PURCH SVCS	OTHER COSTS	TOTAL HHA COST
		1	2	3	4	5	6
	GENERAL SERVICE COST CENTER						
1	CAPITAL RELATED-BLDG & FIXTURES						1
2	CAPITAL RELATED-MOVABLE EQUIPMENT						2
3	PLANT OPERATION & MAINTENANCE						3
4	TRANSPORTATION						4
5	ADMINISTRATIVE AND GENERAL	564562	118484			204229	887275 5
	HHA REIMBURSABLE SERVICES						
6	SKILLED NURSING CARE	1138672	238971	62111			1439754 6
7	PHYSICAL THERAPY	230228	48318	14972	274392		567910 7
8	OCCUPATIONAL THERAPY				40010		40010 8
9	SPEECH PATHOLOGY				6950		6950 9
10	MEDICAL SOCIAL SERVICES	21890	4594	418			26902 10
11	HOME HEALTH AIDE	61231	12851	3952			78034 11
12	SUPPLIES					100680	100680 12
13	DRUGS						13
13.20	COST OF ADMINISTERING VACCINES						13.20 14
14							14
1 -	HHA NONREIMBURSABLE SERVICES						15
15 16	HOME DIALYSIS AIDE SERVICES RESPIRATORY THERAPY						16
17	PRIVATE DUTY NURSING						17
18	CLINIC						18
19	HEALTH PROMOTION ACTIVITIES						19
20	DAY CARE PROGRAM						20
21	HOME DELIVERED MEALS PROGRAM						21
22	HOMEMAKER SERVICE						22
23	ALL OTHERS						23
	TELEMEDICINE						23.50
24	TOTAL	2016583	423218	81453	321352	304909	3147515 24

PROVIDER NO. 14-0179 LITTLE COMPANY OF MARY PERIOD FROM 07/01/2007 TO 06/30/2008
 KPMG LLP COMPU-MAX MICRO SYSTEM
 VERSION: 2008.05

 IN LIEU OF FORM CMS-2552-96 (05/2007)
 11/30/2008 12:00
 ANALYSIS OF PROVIDER-BASED HOME HEALTH AGENCY COSTS HHA NO.: 14-7404 WORKSHEET H

	NUMBER OF TROVIDER BROEF HOME HEALTH ROLLIC	I CODID	11111 110.1	11 /101		(GOVERNOUS)
		RECLASSIFI- CATIONS 7	RECLASSIFIED TRIAL BALANCE 8	ADJUSTMENTS 9	NET EXPENSES FOR ALLOCATION 10	(CONTINUED)
	GENERAL SERVICE COST CENTER					
1	CAPITAL RELATED-BLDG & FIXTURES					1
2	CAPITAL RELATED-MOVABLE EQUIPMENT					2
3	PLANT OPERATION & MAINTENANCE					3
4	TRANSPORTATION	100600			BB050B	4 5
5	ADMINISTRATIVE AND GENERAL HHA REIMBURSABLE SERVICES	-108688	778587		778587	5
6	SKILLED NURSING CARE		1439754		1439754	6
7	PHYSICAL THERAPY		567910		567910	7
8	OCCUPATIONAL THERAPY		40010		40010	8
9	SPEECH PATHOLOGY		6950		6950	9
10	MEDICAL SOCIAL SERVICES		26902		26902	10
11	HOME HEALTH AIDE		78034		78034	11
12	SUPPLIES		100680		100680	12
13	DRUGS					13
13.20	COST OF ADMINISTERING VACCINES					13.20
14	DME					14
	HHA NONREIMBURSABLE SERVICES					
15	HOME DIALYSIS AIDE SERVICES					15
16	RESPIRATORY THERAPY					16
17	PRIVATE DUTY NURSING					17
18	CLINIC					18
19	HEALTH PROMOTION ACTIVITIES					19
20 21	DAY CARE PROGRAM HOME DELIVERED MEALS PROGRAM					20 21
22	HOME DELIVERED MEALS PROGRAM HOMEMAKER SERVICE					22
23	ALL OTHERS					23
	TELEMEDICINE					23.50
24	TOTAL	-108688	3038827		3038827	24

COST ALLOCATION - HHA GENERAL SERVICE COST HHA NO.: 14-7404 WORKSHEET H-4

	COSI ADDOCATION - HHA GENE	RAL SERVICE CO	31		HHA NO.	. 14-7404			PART I
		NET EXPENSES FOR COST ALLOCATION	CAP REL BLDGS & FIXTURES	CAP REL MOVABLE EQUIPMENT	PLANT OPERATN & MAINT	TRANSPORT-	SUBTOTAL	ADMIN & GENERAL	TOTAL
		0	1	2	3	4	4A	5	6
	GENERAL SERVICE COST CENTER								
1	CAPITAL RELATED-BLDG & FIXT								1
2	CAPITAL RELATED-BLDG & FIXI								2
3	PLANT OPERATION & MAINTENANCE								3
4	TRANSPORTATION								4
5	ADMINISTRATIVE AND GENERAL	778587					778587	778587	5
	HHA REIMBURSABLE SERVICES								
6	SKILLED NURSING CARE	1439754					1439754	495954	1935708 6
7	PHYSICAL THERAPY	567910					567910	195629	763539 7
8	OCCUPATIONAL THERAPY	40010					40010	13782	53792 8
9	SPEECH PATHOLOGY	6950					6950	2394	9344 9
10	MEDICAL SOCIAL SERVICES	26902					26902	9267	36169 10
11	HOME HEALTH AIDE	78034					78034	26880	104914 11
12	SUPPLIES	100680					100680	34681	135361 12
13	DRUGS								13
	COST OF ADMINISTERING VACCINES								13.20
14	DME								14
15	HHA NONREIMBURSABLE SERVICES HOME DIALYSIS AIDE SERVICES								15
16	RESPIRATORY THERAPY								16
17	PRIVATE DUTY NURSING								17
18	CLINIC								18
19	HEALTH PROMOTION ACTIVITIES								19
20	DAY CARE PROGRAM								20
21	HOME DELIVERED MEALS PROGRAM								21
22	HOMEMAKER SERVICE								22
23	ALL OTHERS								23
23.50	TELEMEDICINE								23.50
24	TOTAL	3038827					3038827		3038827 24

COST ALLOCATION - HHA STATISTICAL BASIS

HHA NO.: 14-7404

WORKSHEET H-4 PART II

		CAP REL BLDGS & FIXTURES (SQUARE FEET) 1	CAP REL MOVABLE EQUIPMENT (DOLLAR VALUE) 2	PLANT OPERATN & MAINT (SQUARE FEET) 3	TRANSPORT- ATION (MILEAGE)	RECONCIL- IATION 5A	ADMIN & GENERAL (ACCUM COST)	
1 2 3 4 5	GENERAL SERVICE COST CENTER CAPITAL RELATED-BLDG & FIXT CAPITAL RELATED-MOVABLE EQUIP PLANT OPERATION & MAINTENANCE TRANSPORTATION ADMINISTRATIVE AND GENERAL					-778587	2260240	1 2 3 4 5
6 7 8 9 10 11 12 13 13.2	HHA REIMBURSABLE SERVICES SKILLED NURSING CARE PHYSICAL THERAPY OCCUPATIONAL THERAPY SPEECH PATHOLOGY MEDICAL SOCIAL SERVICES HOME HEALTH AIDE SUPPLIES DRUGS DCOST OF ADMINISTERING VACCINES DME HHA NONREIMBURSABLE SERVICES						1439754 567910 40010 6950 26902 78034 100680	6 7 8 9 10 11 12 13 13.20
15 16 17 18 19 20 21 22 23 23.5 24 25 26	HOME DIALYSIS AIDE SERVICES RESPIRATORY THERAPY PRIVATE DUTY NURSING CLINIC HEALTH PROMOTION ACTIVITIES DAY CARE PROGRAM HOME DELIVERED MEALS PROGRAM HOMEMAKER SERVICE ALL OTHERS O TELEMEDICINE TOTAL COST TO BE ALLOC (PER W/S H) UNIT COST MULTIPLIER					-778587	2260240 778587 .344471	15 16 17 18 19 20 21 22 23 23.50 24 25 26

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ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS

HHA NO.: 14-7404

HHA COST CENTER	HHA TRIAL BALANCE 0	OLD CAP- REL COSTS BLDG&FIXT 1	OLD CAP- REL COSTS MOV EQUIP 2	NEW CAP- REL COSTS BLDG&FIXT 3	NEW CAP- REL COSTS MOV EQUIP 4	EMPLOYEE BENEFITS 5	SUBTOTAL 5A	ADMINI- STRATIVE & GENERAL 6	
1 ADMINISTRATIVE AND GENERAL 2 SKILLED NURSING CARE 3 PHYSICAL THERAPY 4 OCCUPATIONAL THERAPY 5 SPEECH PATHOLOGY 6 MEDICAL SOCIAL SERVICES 7 HOME HEALTH AIDE 8 SUPPLIES 9 DRUGS 9.20 COST OF ADMINISTERING VACC 10 DME 11 HOME DIALYSIS AIDE SERVICE 12 RESPIRATORY THERAPY 13 PRIVATE DUTY NURSING 14 CLINIC 15 HEALTH PROMOTION ACTIVITIE 16 DAY CARE PROGRAM 17 HOME DELIVERED MEALS PROGR 18 HOMEMAKER SERVICE 19 ALL OTHERS 19.50 TELEMEDICINE 20 TOTALS 21 UNIT COST MULTIPLIER	1935708 763539 53792 9344 36169 104914 135361			50906	46442	56371	153719 1935708 763539 53792 9344 36169 104914 135361	34771 437854 172711 12168 2114 8181 23731 30618	1 2 3 4 5 6 6 7 8 9 9.20 10 11 12 13 14 15 16 17 18 19 19.50 20 21

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 IN LIEU OF FORM CMS-2552-96 (05/2007)
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ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS

HHA NO.: 14-7404

1 ADMINISTRATIVE AND GENERAL 119564 124949 1 2 SKILLED NURSING CARE 2 3 PHYSICAL THERAPY 2 4 OCCUPATIONAL THERAPY 3 4 OCCUPATIONAL THERAPY 4 5 SPEECH PATHOLOGY 4 6 MEDICAL SOCIAL SERVICES 5 6 MEDICAL SOCIAL SERVICES 7 8 SUPPLIES 9 9 DRUGS 9 9.20 COST OF ADMINISTERING VACC 9 10 DME 11 HOME DIALYSIS AIDE SERVICE 10 11 HOME DIALYSIS AIDE SERVICE 11 12 RESPIRATORY THERAPY 12 13 PRIVATE DUTY NURSING 11 14 CLINIC 14 15 HEALTH PROMOTION ACTIVITIE 15 16 DAY CARE PROGRAM 15 17 HOME DELIVERED MEALS PROGR		HHA COST CENTER	MAINTEN- ANCE AND REPAIRS	OPERATION OF PLANT 8	LAUNDRY AND LINEN SERVICE 9	HOUSE- KEEPING	DIETARY 11	CAFETERIA	MAINT OF PERSONNEL	NURSING ADMINI- STRATION 14		
19 ALL OTHERS 19	3 4 5 6 7 8 9 9.20 11 12 13 14 15 16 17 18 19 19.50 20	SKILLED NURSING CARE PHYSICAL THERAPY OCCUPATIONAL THERAPY SPEECH PATHOLOGY MEDICAL SOCIAL SERVICES HOME HEALTH AIDE SUPPLIES DRUGS COST OF ADMINISTERING VACC DME HOME DIALYSIS AIDE SERVICE RESPIRATORY THERAPY PRIVATE DUTY NURSING CLINIC HEALTH PROMOTION ACTIVITIE DAY CARE PROGRAM HOME DELIVERED MEALS PROGR HOMEMAKER SERVICE ALL OTHERS TELEMEDICINE TOTALS		119564	y	10		12	13	124949	9 9.2 10 11 12 13 14 15 16 17 18 19 19.5 20	

PROVIDER NO. 14-0179 LITTLE COMPANY OF MARY
PERIOD FROM 07/01/2007 TO 06/30/2008

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ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS

HHA NO.: 14-7404

WORKSHEET H-5

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS

HHA NO.: 14-7404

	HHA COST CENTER	CENTRAL SERVICES & SUPPLY 15	PHARMACY	MEDICAL RECORDS & LIBRARY 17	SOCIAL SERVICE	NONPHYSI- CIAN ANES- THETISTS 20	I/R-SALARY AND FRINGES 22	I/R-OTHER PROGRAM COSTS 23	
1	ADMINISTRATIVE AND GENERAL		40637						1
2	SKILLED NURSING CARE								2
3	PHYSICAL THERAPY								3
4	OCCUPATIONAL THERAPY								4
5	SPEECH PATHOLOGY								5
6	MEDICAL SOCIAL SERVICES								6
7	HOME HEALTH AIDE								7
8	SUPPLIES								8
9	DRUGS								9
	COST OF ADMINISTERING VACC								9.20
10	DME								10
11	HOME DIALYSIS AIDE SERVICE								11
12	RESPIRATORY THERAPY								12
13	PRIVATE DUTY NURSING								13
14	CLINIC								14
15	HEALTH PROMOTION ACTIVITIE								15
16	DAY CARE PROGRAM								16
17	HOME DELIVERED MEALS PROGR								17
18	HOMEMAKER SERVICE								18
19	ALL OTHERS								19
	TELEMEDICINE								19.50
20	TOTALS		40637						20
21	UNIT COST MULTIPLIER								21

PROVIDER NO. 14-0179 LITTLE COMPANY OF MARY PERIOD FROM 07/01/2007 TO 06/30/2008

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 11/30/2008 12:00

WORKSHEET H-5 PART I

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS

HHA NO.: 14-7404

	HHA COST CENTER	PARAMED ED 24	SUBTOTAL 25	I&R COST & POST STEP- DOWN ADJS 26	SUBTOTAL 27	ALLOCATED HHA A & G 28	TOTAL HHA COSTS 29	
10 11 12 13 14 15 16 17 18 19	ADMINISTRATIVE AND GENERAL SKILLED NURSING CARE PHYSICAL THERAPY OCCUPATIONAL THERAPY SPEECH PATHOLOGY MEDICAL SOCIAL SERVICES HOME HEALTH AIDE SUPPLIES DRUGS O COST OF ADMINISTERING VACC DME HOME DIALYSIS AIDE SERVICE RESPIRATORY THERAPY PRIVATE DUTY NURSING CLINIC HEALTH PROMOTION ACTIVITIE DAY CARE PROGRAM HOME DELIVERED MEALS PROGR HOMEMAKER SERVICE ALL OTHERS		473640 2373562 936250 65960 11458 44350 128645 165979		473640 2373562 936250 65960 11458 44350 128645 165979	301705 119008 8384 1456 5637 16352 21098	2675267 1055258 74334 12914 49987 144997 187077	
20 21	TOTALS UNIT COST MULTIPLIER		4199844		4199844	473640 .127111	4199844	

PROVIDER NO. 14-0179 LITTLE COMPANY OF MARY PERIOD FROM 07/01/2007 TO 06/30/2008

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 IN LIEU OF FORM CMS-2552-96 (05/2007)
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ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS STATISTICAL BASIS

HHA NO.: 14-7404

	HHA COST CENTER	OLD CAP- REL COSTS BLDG&FIXT (SQUARE FEET)	OLD CAP- REL COSTS MOV EQUIP DOLLAR VALUE 2	NEW CAP- REL COSTS BLDG&FIXT (SQUARE FEET) 3	NEW CAP- REL COSTS MOV EQUIP DOLLAR VALUE 4	EMPLOYEE BENEFITS FTE'S SALARIES) 5	RECON- CILIATION	ADMINI - STRATIVE & GENERAL ACCUM COST 6	MAINTEN- ANCE AND REPAIRS (SQUARE FEET) 7	
1 2 3 4 5 6 7 8 9 9.20 10 11 12 13 14 15 16 17 18 19	ADMINISTRATIVE AND GENERAL SKILLED NURSING CARE PHYSICAL THERAPY OCCUPATIONAL THERAPY SPEECH PATHOLOGY MEDICAL SOCIAL SERVICES HOME HEALTH AIDE SUPPLIES DRUGS COST OF ADMINISTERING VACC DME HOME DIALYSIS AIDE SERVICE RESPIRATORY THERAPY PRIVATE DUTY NURSING CLINIC HEALTH PROMOTION ACTIVITIE DAY CARE PROGRAM HOME DELIVERED MEALS PROGR HOMEMAKER SERVICE ALL OTHERS TELEMEDICINE	4075		4075	46512	72663		153719 1935708 763539 53792 9344 36169 104914 135361		1 2 3 4 4 5 6 6 7 8 9 9 . 20 10 11 12 13 14 15 16 17 18 19 19 . 50
20 21 22 22	TOTALS TOTAL COST TO BE ALLOCATED UNIT COST MULTIPLIER UNIT COST MULTIPLIER	4075		4075 50906 12.492270	46512 46442 .998495	72663 56371 .775787		3192546 722148 .226198		20 21 22 22

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS STATISTICAL BASIS HHA NO.: 14-7404 WORKSHEET H-5 PART II

HHA COST CENTER	OPERATION OF PLANT (SQUARE FEET) 8	LAUNDRY AND LINEN SERVICE (POUNDS OF LAUNDRY) 9	HOUSE- KEEPING (HOURS OF SERVICE) 10	DIETARY (MEALS SERVED) 11	CAFETERIA (MEALS SERVED) 12	MAINT OF PERSONNEL (NUMBER HOUSED) 13	NURSING ADMINI- STRATION (DIRECT NRSG HRS) 14	CENTRAL SERVICES & SUPPLY (COSTED REQUIS) 15	
1 ADMINISTRATIVE AND GENER 2 SKILLED NURSING CARE 3 PHYSICAL THERAPY 4 OCCUPATIONAL THERAPY 5 SPEECH PATHOLOGY 6 MEDICAL SOCIAL SERVICES 7 HOME HEALTH AIDE 8 SUPPLIES 9 DRUGS 9.20 COST OF ADMINISTERING VA 10 DME 11 HOME DIALYSIS AIDE SERVI 12 RESPIRATORY THERAPY 13 PRIVATE DUTY NURSING 14 CLINIC 15 HEALTH PROMOTION ACTIVIT 16 DAY CARE PROGRAM 17 HOME DELLVERED MEALS PRO 18 HOMEMAKER SERVICE 19 ALL OTHERS 19.50 TELEMEDICINE 20 TOTALS 21 TOTAL COST MULTIPLIER 22 UNIT COST MULTIPLIER	ACC CCE CIE OGR						72663 72663 124949 1.719568		1 2 3 4 4 5 6 6 7 8 9 9 .20 10 11 12 13 14 15 16 17 18 19 19 .50 20 21 22 22

PROVIDER NO. 14-0179 LITTLE COMPANY OF MARY
PERIOD FROM 07/01/2007 TO 06/30/2008

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS

HHA NO.: 14-7404

WORKSHEET H-5 ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS HHA NO.: 14-7404 WORKSHEET H-5 STATISTICAL BASIS PART II

	HHA COST CENTER	PHARMACY (COSTED REQUIS) 16	MEDICAL RECORDS & LIBRARY GROSS REVENUE 17	SOCIAL SERVICE (TIME SPENT) 18	NONPHYSI- CIAN ANES- THETISTS (ASSIGNED TIME) 20	I/R-SALARY AND FRINGES (ASSIGNED TIME) 22	I/R-OTHER PROGRAM COSTS (ASSIGNED TIME) 23	PARAMED ED (ASSIGNED TIME) 24	
10 11 12 13 14 15 16 17 18	ADMINISTRATIVE AND GENERAL SKILLED NURSING CARE PHYSICAL THERAPY OCCUPATIONAL THERAPY SPEECH PATHOLOGY MEDICAL SOCIAL SERVICES HOME HEALTH AIDE SUPPLIES DRUGS COST OF ADMINISTERING VACC DME HOME DIALYSIS AIDE SERVICE RESPIRATORY THERAPY PRIVATE DUTY NURSING CLINIC HEALTH PROMOTION ACTIVITIE DAY CARE PROGRAM HOME DELIVERED MEALS PROGR HOMEMAKER SERVICE ALL OTHERS TELEMEDICINE TOTALS TOTAL COST MULTIPLIER UNIT COST MULTIPLIER	92458 92458 40637 .439518							1 2 3 4 5 6 7 8 9 9.20 10 11 12 13 14 15 16 17 18 19 19.50 20 21 22 22

APPORTIONMENT OF PATIENT SERVICE COSTS

HHA NO.: 14-7404

WORKSHEET H-6 PARTS I & II

CHECK APPLICABLE BOX:	[] TITLE V	[XX] TITLE XVIII]] TITLE XIX
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PART I - APPORTIONMENT OF HHA COST CENTERS: COMPUTATION OF THE LESSER OF AGGREGATE PROGRAM COST OR THE AGGREGATE OF THE PROGRAM LIMITATION

C	OST PER VISIT COMPUTATION	FROM	FACILITY	SHARED ANCILLARY	TOTAL HHA	TOTAL	AVERAGE COST	
F	ATIENT SERVICES				COSTS	VISITS	PER VISIT	
1 2 3 4 5 6 7	SKILLED NURSING CARE PHYSICAL THERAPY OCCUPATIONAL THERAPY SPEECH PATHOLOGY MEDICAL SOCIAL SERV HOME HEALTH ALDE SERV TOTAL	LINE 2 3 4 5 6 7	1 2675267 1055258 74344 12914 49987 144997 4012767	2	3 2675267 1055258 74344 12914 49987 144997 4012767	4 17964 7567 472 82 121 1143 27349	5 148.92 139.46 157.51 157.49 413.12 126.86	1 2 3 4 5 6 7
	IMITATION COST COMPUTATION		MSA NO.				PROGRAM COST LIMITS	
8 9 10 11 12 13	SKILLED NURSING CARE PHYSICAL THERAPY OCCUPATIONAL THERAPY SPEECH PATHOLOGY MEDICAL SOCIAL SERV HOME HEALTH AIDE SERV TOTAL		1	2	3	4	5	8 9 10 11 12 13
C	SUPPLIES AND DRUGS OST COMPUTATIONS OTHER PATIENT SERVICES	FROM WKST H-5, PART I, COL 29,		SHARED ANCILLARY COSTS	TOTAL HHA COSTS	TOTAL CHARGES	RATIO	
16	COST OF MEDICAL SUPPLIES COST OF DRUGS 0 COST OF ADMINISTERING VACCION	LINE 8 9	1 187077	2	3 187077	4 269636	5 .693813	15 16 16.20
F	ER BENEFICIARY COST LIMITATION	N:				MSA NO. 1	AMOUNT 2	
17 18 19	PROGRAM UNDUPLICATED CENSUS PER BENEFICIARY COST LIMITA' PER BENEFICIARY COST LIMITA'	TION	T S-4					17 18 19

APPORTIONMENT OF PATIENT SERVICE COSTS

HHA NO.: 14-7404

WORKSHEET H-6 PARTS I & II (CONTINUED)

PART I - APPORTIONMENT	OF HHA	COST CENTERS:	COMPUTATION (OF THE	LESSER	OF	AGGREGATE	PROGRAM	COST	OR

CHECK APPLICABLE BOX: [] TITLE V [XX] TITLE XVIII [] TITLE XIX

	THE AGGRE	EGATE OF THE PROGRAM LI	MITATION						
C	COST PER VISIT COMPUTATION		PART	ГВ		PAR'	Т В		
F	PATIENT SERVICES	PART A	DEDUCTIBLES	SUBJECT TO DEDUCTIBLES & COINSUR	PART A	DEDUCTIBLES	SUBJECT TO DEDUCTIBLES & COINSUR	COST	
1 2 3 4 5 6 7	SKILLED NURSING CARE PHYSICAL THERAPY OCCUPATIONAL THERAPY SPEECH PATHOLOGY MEDICAL SOCIAL SERV HOME HEALTH AIDE SERV TOTAL	269 68 72	5871 2288		42370 10709 29745 81952	29612 945		71982 11654	2 3 4 5 6
	IMITATION COST COMPUTATION	PART A	PART NOT SUBJ TO DEDUCTIBLES	F B SUBJECT TO DEDUCTIBLES	PART A	NOT SUBJ TO DEDUCTIBLES	T B SUBJECT TO DEDUCTIBLES	PROGRAM COST	
8 9 10 11 12 13 14	SKILLED NURSING CARE PHYSICAL THERAPY OCCUPATIONAL THERAPY SPEECH PATHOLOGY MEDICAL SOCIAL SERV HOME HEALTH AIDE SERV TOTAL	6	& COINSUR 7	8	9	10	11	12	8 9 10 11 12 13 14
15 16	COST COMPUTATIONS OTHER PATIENT SERVICES COST OF MEDICAL SUPPLIES COST OF DRUGS O COST OF ADMINISTERING VA	6 7	DEDUCT. & COIN NOT SUBJECT TO	NSUR SUBJECT TO	PART A 9	PART B I FEE REIMBURSED	DEDUCT. & COIN NOT SUBJECT TO	NSUR SUBJECT TO 11	15 16 16.20

PROVIDER NO.	14-0179	LITTLE	COMPANY	OF	MARY
PERIOD FROM	07/01/200	7 TO (06/30/200	18	

TOTAL

APPORTIONMENT OF PATIENT SERVICE COSTS

HHA NO.: 14-7404

WORKSHEET H-6 PARTS II & III

 KPMG LLP COMPU-MAX MICRO SYSTEM
 VERSION: 2008.05

 IN LIEU OF FORM CMS-2552-96 (9/2000)
 11/30/2008 12:00
 PERIOD FROM 07/01/2007 TO 06/30/2008

CHECK APPLICABLE BOX: [] TITLE V [XX] TITLE XVIII [] TITLE XIX

PART II - APPORTIONMENT OF COST OF HHA SERVICES FURNISHED BY SHARED HOSPITAL DEPARTMENTS

		FROM			HHA		
		WKST C,	COST TO	TOTAL	SHARED	TRANSFER	
		PART I,	CHARGE	HHA	ANCILLARY	TO	
		COL 9,	RATIO	CHARGES	COSTS	PART I	
		LINE	1	2	3	4	
1	PHYSICAL THERAPY	50	.364701			COL 2, LINE 2	1
2	OCCUPATIONAL THERAPY	51				COL 2, LINE 3	2
3	SPEECH PATHOLOGY	52	.255827			COL 2, LINE 4	3
4	MEDICAL SUPPLIES CHARGED TO PA	55	.997637			COL 2, LINE 15	4
5	DRUGS CHARGED TO PATIENTS	56	.167369			COL 2, LINE 16	5

PART III - OUTPATIENT THERAPY REDUCTION COMPUTATION

				PART B SER	VICES SUBJECT TO	O DEDUCTIB	HES AND COINSU	RANCE
					RAM VISITS		RAM COST	PROGRAM
		FROM PART I	COST	PRIOR TO	FROM 1/1/98	PRIOR TO	FROM 1/1/98	VISITS ON OR
		COL. 5	PER VISIT	1/1/98	THRU 12/31/98	1/1/98	THRU 12/31/98	AFTER 1/1/99
		1	2	2.01	3	3.01	4	5
1	PHYSICAL THERAPY	2	139.46					
2	OCCUPATIONAL THERAPY	3	157.51					
3	SPEECH PATHOLOGY	4	157.49					

 KPMG LLP COMPU-MAX MICRO SYSTEM
 VERSION: 2008.05

 IN LIEU OF FORM CMS-2552-96 (9/1999)
 11/30/2008 12:00

CALCULATION OF HHA REMIBURSEMENT SETTLEMENT HHA NO.: 14-7404 WORKSHEET H-7 PARTS I & II

CHECK APPLICABLE BOX: [] TITLE V [XX] TITLE XVIII [] TITLE XIX

PART I - COMPUTATION OF THE LESSER OF REASONABLE COST OR CUSTOMARY CHARGES

			PART		
	DESCRIPTION		NOT SUBJECT TO DEDUCTIBLES		
	DESCRIPTION	PART A	& COINSURANCE		
		1	2	3	
	REASONABLE COST OF PROGRAM SERVICES				1
1 2	REASONABLE COST OF SERVICES TOTAL CHARGES	2227350	1369446		1 2
2	TOTAL CHARGES	2227330	1309440		2
	CUSTOMARY CHARGES				
3	AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE FOR PAYMENT				3
4	FOR SERVICES ON A CHARGE BASIS AMOUNT THAT WOULD HAVE BEEN REALIZED FROM PATIENTS LIABLE				4
4	FOR PAYMENT FOR SERVICES ON A CHARGE BASIS HAD SUCH PAYMENT				4
	BEEN MADE IN ACCORDANCE WITH 42 CFR 413.13(B)				
5	RATIO OF LINE 3 TO LINE 4 (NOT TO EXCEED 1.000000)				5
6	TOTAL CUSTOMARY CHARGES	2227350			6
7 8	EXCESS OF TOTAL CUSTOMARY CHARGES OVER TOTAL REASONABLE COST EXCESS OF TOTAL REASONABLE COST OVER TOTAL CUSTOMARY CHARGES	2227350	1369446		7 8
9	PRIMARY PAYOR PAYMENTS				9
	PART II - COMPUTATION OF HHA REIMBURSEMENT SETTLEMENT				
	DESCRIPTION		PART A	PART B SERVICES	
	DESCRIPTION		PART A SERVICES 1	2	
10	TOTAL REASONABLE COST				10
	TOTAL PPS REIMBURSEMENT - FULL EPISODES WITHOUT OUTLIERS		2076693	1159882	10.01
	TOTAL PPS REIMBURSEMENT - FULL EPISODES WITH OUTLIERS		20681 45747 32816	21506	
	TOTAL PPS REIMBURSEMENT - LUPA EPISODES TOTAL PPS REIMBURSEMENT - PEP EPISODES		45/4/ 32816	56184 12997	10.03 10.04
	TOTAL PPS REIMBURSEMENT - SCIC WITHIN A PEP EPISODES		1133	12,5,7	10.05
10.06	TOTAL PPS REIMBURSEMENT - SCIC EPISODES		95441	37612 13675	10.06
	TOTAL PPS OUTLIER REIMBURSEMENT - FULL EPISODES WITH OUTLIERS		6659		
	TOTAL PPS OUTLIER REIMBURSEMENT - PEP EPISODES TOTAL PPS OUTLIER REIMBURSEMENT - SCIC WITHIN A PEP EPISODES			808	10.08 10.09
	TOTAL PPS OUTLIER REIMBURSEMENT - SCIC EPISODES TOTAL PPS OUTLIER REIMBURSEMENT - SCIC EPISODES		185		10.10
	TOTAL OTHER PAYMENTS		100		10.11
	DME PAYMENTS				10.12
	OXYGEN PAYMENTS				10.13
10.14	PROSTHETIC AND ORTHOTIC PAYMENTS PART B DEDUCTIBLES BILLED TO MEDICARE PATIENTS (EXCL COINSURANCE)				10.14 11
12	SUBTOTAL		2279355	1302664	12
13	EXCESS REASONABLE COST				13
14	SUBTOTAL		2279355	1302664	14
15 16	COINSURANCE BILLED TO PROGRAM PATIENTS NET COST		2270255	1302664	15 16
17	REIMBURSABLE BAD DEBTS		2219333	1302004	17
	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES				17.01
18	TOTAL COSTS - CURRENT COST REPORTING PERIOD		2279355	1302664	18
19	AMOUNTS APPLICABLE TO PRIOR COST REPORTING PERIODS RESULTING FROM DISPOSITION OF DEPRECIABLE ASSETS				19
20	RECOVERY OF EXCESS DEPRECIATION RESULTING FROM AGENCIES'				20
20	TERMINATION OR OR DECREASE IN PROGRAM UTILIZATION				20
21	OTHER ADJUSTMENTS (SPECIFY):				21
22	SUBTOTAL CEAUGOMEAN AD THOMMSHIP		2279355	1302664	22
23 24	SEQUESTRATION ADJUSTMENT SUBTOTAL		2270255	1302664	23 24
25	TOTAL INTERIM PAYMENTS		2279355	1302664	25
	TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)				25.01
26	BALANCE DUE PROVIDER/PROGRAM				26
27	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE				27
	WITH CMS PUB. 15-II, SECTION 115.2				

PROVIDER NO. 14-0179 LITTLE COMPANY OF MARY PERIOD FROM 07/01/2007 TO 06/30/2008 KPMG LLP COMPU-MAX MICRO SYSTEM
IN LIEU OF FORM CMS-2552-96 (9/96) VERSION: 2008.05 11/30/2008 12:00 ANALYSIS OF PAYMENTS TO PROVIDER-BASED HHA'S FOR SERVICES RENDERED TO PROGRAM BENEFICIARIES HHA NO.: 14-7404 WORKSHEET H-8

			PART A	A	PART	В	
DESCRIPTION			MO/DAY/YR	AMOUNT	MO/DAY/YR	AMOUNT	
			1	2	3	4	
1 TOTAL INTERIM PAYMENTS PAID TO PROVIDER 2 INTERIM PAYMENTS PAYABLE ON INDIVIDUAL BILLS EI SUBMITTED OR TO BE SUBMITTED TO THE INTERMEDIAR SERVICES RENDERED IN THE COST REPORTING PERIOD. NONE, WRITE 'NONE', OR ENTER A ZERO.	Y FOR			2279355 NONE		1302664 NONE	1 2
3 LIST SEPARATELY EACH RETROACTIVE LUMP SUM ADJUSTMENT AMOUNT BASED ON SUBSEQUENT REVISION OF THE INTERIM RATE FOR THE COST REPORTING PERIOD. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE 'NONE' OR ENTER A ZERO.		.03 .04 .05		NONE		NONE	3.01 3.02 3.03 3.04 3.05 3.50
	PROVIDER TO PROGRAM	.52		NONE		NONE	3.51 3.52 3.53 3.54
SUBTOTAL		.99					3.99
4 TOTAL INTERIM PAYMENTS				2279355		1302664	4
	TO BE COM	MPLETED	BY INTERMEDIARY				
5 LIST SEPARATELY EACH TENTATIVE SETTLEMENT PAY- MENT AFTER DESK REVIEW. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE 'NONE' OR ENTER A ZERO.	TO	.50 .51					5.01 5.02 5.03 5.50 5.51 5.52
SUBTOTAL		.99					5.99
(BALANCE DUE) BASED ON THE COST PREPORT. PRO	OGRAM TO ROVIDER VIDER TO ROGRAM	.01					6.01 6.02
/ IOIAL MEDICARE PROGRAM LIABILITY							/
NAME OF INTERMEDIARY:				INTERMED	IARY NUMBER:		
SIGNATURE OF AUTHORIZED PERSON:				DATE (MO	/DAY/YR):		

WORKSHEET K

ANALYSIS OF PROVIDER-BASED HOSPICE COSTS HOSPICE NO.: 14-1511

		SALARIES 1	EMPLOYEE BENEFITS 2	TRANS- PORTATION 3	CONTRACTED SERVICES 4	OTHER 5	TOTAL 6
1 2 3 4	GENERAL SERVICE COST CENTER CAPITAL RELATED COSTS-BLDG AND FIXT. CAPITAL RELATED COSTS-MOVABLE EQUIP. PLANT OPERATION AND MAINTENANCE TRANSPORTATION - STAFF						1 2 3 4
5 6	VOLUNTEER SERVICE COORDINATION ADMINISTRATIVE AND GENERAL INPATIENT CARE SERVICE	167510	29081			38725	5 235316 6
7 8	INPATIENT - GENERAL CARE INPATIENT - RESPITE CARE VISITING SERVICES						7 8
9 10 10.20	PHYSICIAN SERVICES NURSING CARE NURSING CARE-CONTINUOUS HOME CARE	495609	86042	18686		54598	54598 9 600337 10 10.20
11 12 13	PHYSICAL THERAPY OCCUPATIONAL THERAPY SPEECH/LANGUAGE PATHOLOGY	196	34	36			266 11 12 13
14	MEDICAL SOCIAL SERVICES	27701	4809	656			33166 14
15 16 17	SPIRITUAL COUNSELING DIETARY COUNSELING COUNSELING - OTHER	80955	14055	4963			99973 15 16 17
18 18.20 19	HOME HEALTH AIDE AND HOMEMAKER HH AIDE & HOMEMAKER-CONT. HOME CARE OTHER OTHER HOSPICE SERVICE COSTS	114533	19884	14108			148525 18 18.20 19
20.31	DRUGS, BIOLOGICAL & INFUSION THERAPY ANALGESICS SEDATIVES / HYPNOTICS OTHER - SPECIFY					85645	85645 20 20.30 20.31 20.32
21 22 23 24	DURABLE MEDICAL EQUIPMENT/OXYGEN PATIENT TRANSPORTATION IMAGING SERVICES LABS AND DIAGNOSTICS					170817	170817 21 22 23 24
25 26 27 28 29	MEDICAL SUPPLIES OUTPATIENT SERVICES (INCLUDING E/R DEPT.) RADIATION THERAPY CHEMOTHERAPY OTHER					54900	54900 25 26 27 28 29
30 31 32	HOSPICE NONREIMBURSABLE SERVICE BEREAVEMENT PROGRAM COSTS VOLUNTEER PROGRAM COSTS FUNDRAISING						30 31 32
33 34	OTHER PROGRAM COSTS TOTAL	886504	153905	38449		404685	33 1483543 34

WORKSHEET K

ANALYSIS OF PROVIDER-BASED HOSPICE COSTS HOSPICE NO.: 14-1511

						(CONTINUED)
		RECLASSIFI- CATION	SUBTOTAL	ADJUSTMENTS	TOTAL	
		7	8	9	10	
	GENERAL SERVICE COST CENTER					
1	CAPITAL RELATED COSTS-BLDG AND FIXT.					1
2	CAPITAL RELATED COSTS-MOVABLE EQUIP.					2
3	PLANT OPERATION AND MAINTENANCE					3
4	TRANSPORTATION - STAFF					4
5	VOLUNTEER SERVICE COORDINATION					5
6	ADMINISTRATIVE AND GENERAL	-8567	226749		226749	6
	INPATIENT CARE SERVICE					
7	INPATIENT - GENERAL CARE					7
8	INPATIENT - RESPITE CARE					8
	VISITING SERVICES					
9	PHYSICIAN SERVICES		54598		54598	9
10	NURSING CARE		600337		600337	10
	NURSING CARE-CONTINUOUS HOME CARE					10.20
11	PHYSICAL THERAPY		266		266	11
12	OCCUPATIONAL THERAPY					12
13	SPEECH/LANGUAGE PATHOLOGY					13
14	MEDICAL SOCIAL SERVICES		33166		33166	14
15	SPIRITUAL COUNSELING		99973		99973	15
16	DIETARY COUNSELING					16
17	COUNSELING - OTHER					17
18	HOME HEALTH AIDE AND HOMEMAKER		148525		148525	18
	HH AIDE & HOMEMAKER-CONT. HOME CARE					18.20
19	OTHER					19
0.0	OTHER HOSPICE SERVICE COSTS		05645		05645	0.0
20	DRUGS, BIOLOGICAL & INFUSION THERAPY ANALGESICS		85645		85645	20 20.30
						20.30
	SEDATIVES / HYPNOTICS OTHER - SPECIFY					20.31
20.32	DURABLE MEDICAL EQUIPMENT/OXYGEN		170817		170817	20.32
22	PATIENT TRANSPORTATION		1/001/		1/001/	22
23	IMAGING SERVICES					23
24	LABS AND DIAGNOSTICS					24
25	MEDICAL SUPPLIES		54900		54900	25
26	OUTPATIENT SERVICES (INCLUDING E/R DEPT.)		34500		34700	26
27	RADIATION THERAPY					27
28	CHEMOTHERAPY					28
29	OTHER					29
	HOSPICE NONREIMBURSABLE SERVICE					
30	BEREAVEMENT PROGRAM COSTS					30
31	VOLUNTEER PROGRAM COSTS					31
32	FUNDRAISING					32
33	OTHER PROGRAM COSTS					33
34	TOTAL	-8567	1474976		1474976	34

HOSPICE COMPENSATION ANALYSIS - SALARIES AND WAGES HOSPICE NO.: 14-1511 WORKSHEET K-1

	HOSPICE COMPENSATION ANALIS.	LS - SALAR	LES AND WA	3ES	поы	PICE NO.	14-1311			WORKSHEET K-I
		ADMINI- STRATOR 1	DIRECTOR 2	SOCIAL SERVICES 3	SUPER- VISORS 4	NURSES 5	TOTAL THERAPISTS 6	AIDES	ALL OTHER 8	TOTAL 9
1 2 3 4 5 6	GENERAL SERVICE COST CENTER CAP REL COSTS-BLDG AND FIXT. CAP REL COSTS-MOVABLE EQUIP. PLANT OPERATION & MAINT. TRANSPORTATION - STAFF VOLUNTEER SERVICE COORD. ADMINISTRATIVE AND GENERAL INPATIENT CARE SERVICE INPATIENT - GENERAL CARE INPATIENT - RESPITE CARE VISITING SERVICES		15629		67111	47090			37680	1 2 3 4 5 167510 6
11 12 13 14 15	PHYSICIAN SERVICES NURSING CARE NURSING CARE—CONT.HOME CARE PHYSICAL THERAPY OCCUPATIONAL THERAPY SPEECH/LANGUAGE PATHOLOGY MEDICAL SOCIAL SERVICES SPIRITUAL COUNSELING DIETARY COUNSELING COUNSELING COUNSELING			27701		495609	196		80955	9 495609 10 10.20 196 11 12 13 27701 14 80955 15 16 17
19 20 20.30 20.31	COUNSELING - OTHER HH AIDE AND HOMEMAKER HH AIDE & HMKR-CONT.HME CARE OTHER OTHER HOSPICE SERVICE COSTS DRUGS, BIOL. & INFUS. THER. ANALGESICS SEDATIVES / HYPNOTICS OTHER - SPECIFY DURABLE MED. EQUIP./OXYGEN PATIENT TRANSPORTATION IMAGING SERVICES LABS AND DIAGNOSTICS MEDICAL SUPPLIES OUTPAT.SERV.(INCL.E/R DEPT.) RADIATION THERAPY CHEMOTHERAPY OTHER HOSPICE NONREIMBURSABLE SERVICE BEREAVEMENT PROGRAM COSTS							114533		17 114533 18 18.20 19 20 20.30 20.31 20.32 21 22 23 24 25 26 27 28 29
31 32 33 34	VOLUNTEER PROGRAM COSTS FUNDRAISING OTHER PROGRAM COSTS TOTAL		15629	27701	67111	542699	196	114533	118635	31 32 33 886504 34

KPMG LLP COMPU-MAX MICRO SYSTEM VERSION: 2008.05 IN LIEU OF FORM CMS-2552-96 (05/2007) 11/30/2008 12:00 VAYROLL RELATED) HOSPICE NO.: 14-1511 WORKSHEET K-2

HOSPICE COMPENSATION ANALYSIS - EMPLOYEE BENEFITS (PAYROLL RELATED)

HOSPICE COMPENSATION ANALYSIS - EMPLOYEE			EFITS (PAY	ROLL RELATE	D)	HOSPICE N	10.: 14-1511			WORKSHEET K-2
		ADMINI- STRATOR 1	DIRECTOR 2	SOCIAL SERVICES 3	SUPER- VISORS 4	NURSES 5	TOTAL THERAPISTS 6	AIDES 7	ALL OTHER 8	TOTAL 9
1 2 3 4 5 6	GENERAL SERVICE COST CENTER CAP REL COSTS-BLDG AND FIXT. CAP REL COSTS-MOVABLE EQUIP. PLANT OPERATION & MAINT. TRANSPORTATION - STAFF VOLUNTEER SERVICE COORD. ADMINISTRATIVE AND GENERAL INPATIENT CARE SERVICE INPATIENT - GENERAL CARE INPATIENT - RESPITE CARE		2713		11651	8175			6542	1 2 3 4 5 29081 6
9 10.20 11 12 13 14 15	VISITING SERVICES PHYSICIAN SERVICES NURSING CARE NURSING CARE-CONT.HOME CARE PHYSICAL THERAPY OCCUPATIONAL THERAPY SPEECH/LANGUAGE PATHOLOGY MEDICAL SOCIAL SERVICES SPIRITUAL COUNSELING DIETARY COUNSELING			4809		86042	34		14055	9 86042 10 10.20 34 11 12 13 4809 14 14055 15 16
17 18 18.20 19	COUNSELING - OTHER HH AIDE AND HOMEMAKER HH AIDE & HMKR-CONT.HME CARE OTHER OTHER HOSPICE SERVICE COSTS							19884		17 19884 18 18.20 19
20.31	DRUGS, BIOL. & INFUS. THER. ANALGESICS SEDATIVES / HYPNOTICS OTHER - SPECIFY DURABLE MED. EQUIP./OXYGEN PATIENT TRANSPORTATION IMAGING SERVICES LABS AND DIAGNOSTICS MEDICAL SUPPLIES OUTPAT.SERV.(INCL.E/R DEPT.) RADIATION THERAPY CHEMOTHERAPY OTHER HOSPICE NONREIMBURSABLE SERVICE									20 20.30 20.31 20.32 21 22 23 24 25 26 27 28 29
30 31 32 33 34	BEREAVEMENT PROGRAM COSTS VOLUNTEER PROGRAM COSTS FUNDRAISING OTHER PROGRAM COSTS TOTAL		2713	4809	11651	94217	34	19884	20597	30 31 32 33 153905 34

 KPMG LLP COMPU-MAX MICRO SYSTEM
 VERSION: 2008.05

 IN LIEU OF FORM CMS-2552-96 (05/2007)
 11/30/2008 12:00

 D SERVICES
 HOSPICE NO.: 14-1511
 WORKSHEET K-3
 HOSPICE COMPENSATION ANALYSIS - CONTRACTED SERVICES/PURCHASED SERVICES HOSPICE NO.: 14-1511 WORKSHEET K-3

		ADMINI- STRATOR 1	DIRECTOR 2	SOCIAL SERVICES 3	SUPER- VISORS 4	NURSES 5	TOTAL THERAPISTS 6	AIDES	ALL OTHER 8	TOTAL 9
1 2 3 4 5	GENERAL SERVICE COST CENTER CAP REL COSTS-BLDG AND FIXT. CAP REL COSTS-MOVABLE EQUIP. PLANT OPERATION & MAINT. TRANSPORTATION - STAFF VOLUNTEER SERVICE COORD.									1 2 3 4 5
6	ADMINISTRATIVE AND GENERAL INPATIENT CARE SERVICE									6
7 8	INPATIENT - GENERAL CARE INPATIENT - RESPITE CARE VISITING SERVICES									7 8
9 10 10 20	PHYSICIAN SERVICES NURSING CARE NURSING CARE-CONT.HOME CARE									9 10 10.20
11 12	PHYSICAL THERAPY OCCUPATIONAL THERAPY									11 12
13 14	SPEECH/LANGUAGE PATHOLOGY MEDICAL SOCIAL SERVICES									13 14
15 16	SPIRITUAL COUNSELING DIETARY COUNSELING									15 16
17 18	COUNSELING - OTHER HH AIDE AND HOMEMAKER									17 18
18.20 19	HH AIDE & HMKR-CONT.HME CARE OTHER									18.20 19
20	OTHER HOSPICE SERVICE COSTS DRUGS, BIOL. & INFUS. THER.									20
	ANALGESICS SEDATIVES / HYPNOTICS									20.30 20.31
20.32	OTHER - SPECIFY									20.32
21 22	DURABLE MED. EQUIP./OXYGEN PATIENT TRANSPORTATION									21 22
23	IMAGING SERVICES									23
24 25	LABS AND DIAGNOSTICS MEDICAL SUPPLIES									24 25
26	OUTPAT.SERV.(INCL.E/R DEPT.)									26
27	RADIATION THERAPY									27
28	CHEMOTHERAPY									28
29	OTHER HOSPICE NONREIMBURSABLE SERVICE									29
30	BEREAVEMENT PROGRAM COSTS									30
31	VOLUNTEER PROGRAM COSTS									31
32	FUNDRAISING									32
33 34	OTHER PROGRAM COSTS TOTAL									33 34
34	TOTAL									34

COST ALLOCATION - HOSPICE GENERAL SERVICE COST HOSPICE NO.: 14-1511 WORKSHEET K-4

	COST ALLOCATION - HOSPIC	E GENERAL SEF	RVICE COST		HOS	SPICE NO.:	14-1511			WORKSHEET K-4	
		ALLOCATION	COST BLDG & FIXTURES	MOVABLE EQUIPMENT	& MAINT	RTATION	VOLUNTEER SERV. CO- ORDINATOR			TOTAL	
		0	1	2	3	4	5	5A	6	7	
1 2	GENERAL SERVICE COST CENTER CAP REL COSTS-BLDG AND FIXT. CAP REL COSTS-MOVABLE EQUIP.									1 2	
3	PLANT OPERATION & MAINT. TRANSPORTATION - STAFF									3	
5	VOLUNTEER SERVICE COORD.									5	
6	ADMINISTRATIVE AND GENERAL INPATIENT CARE SERVICE	226749						226749	226749	6	
7 8	INPATIENT - GENERAL CARE INPATIENT - RESPITE CARE VISITING SERVICES									7 8	
9	PHYSICIAN SERVICES	54598						54598	9918	64516 9	
10	NURSING CARE	600337						600337	109055	709392 10	
	NURSING CARE-CONTINUOUS HOME							000337	109033	10.20	
11	PHYSICAL THERAPY	266						266	48	314 11	
12	OCCUPATIONAL THERAPY									12	
13	SPEECH/LANGUAGE PATHOLOGY									13	
14	MEDICAL SOCIAL SERVICES	33166						33166	6025	39191 14	
15	SPIRITUAL COUNSELING	99973						99973	18161	118134 15	
16	DIETARY COUNSELING									16	
17	COUNSELING - OTHER									17	
18	HH AIDE AND HOMEMAKER	148525						148525	26981	175506 18	
18.20	HH AIDE & HMKR-CONT. HOME CA									18.20	
19	OTHER									19	
	OTHER HOSPICE SERVICE COSTS										
20	DRUGS, BIOL. & INFUS. THER.	85645						85645	15558	101203 20	
	ANALGESICS									20.30	
	SEDATIVES / HYPNOTICS									20.31	
	OTHER - SPECIFY								24222	20.32	
21 22	DURABLE MED. EQUIP./OXYGEN	170817						170817	31030	201847 21 22	
23	PATIENT TRANSPORTATION									22	
23 24	IMAGING SERVICES									23	
25	LABS AND DIAGNOSTICS MEDICAL SUPPLIES	54900						54900	9973	64873 25	
26	OUTPAT.SERV.(INCL.E/R DEPT.)							34900	9913	26	
27	RADIATION THERAPY									27	
28	CHEMOTHERAPY									28	
29	OTHER									29	
	HOSPICE NONREIMBURSABLE SERV	· .									
30	BEREAVEMENT PROGRAM COSTS									30	
31	VOLUNTEER PROGRAM COSTS									31	
32	FUNDRAISING									32	
33	OTHER PROGRAM COSTS									33	
34	COST TO BE ALLOCATED	1474976						1474976		1474976 34	

COST ALLOCATION - HOSPICE STATISTICAL BASIS HOSPICE NO.: 14-1511 WORKSHEET K-4

	COST ALLOCATION - HOSPICE STATIS	STICAL BASIS		HUSPI	CE NO. 14-1:	211		WORKSHEET K-4
		CAP REL COST BLDG & FIXTURES (SQUARE FEET) 1	CAP REL MOVABLE EQUIPMENT (DOLLAR VALUE) 2	PLANT OPERATN & MAINT (SQUARE FEET) 3	TRANSPO- RTATION (MILEAGE)	VOLUNTEER SERV. CO- ORDINATOR (HOURS)	RECONCIL- IATION 6A	PART II ADMIN & GENERAL (ACCUM COST) 6
1 2 3 4 5 6	GENERAL SERVICE COST CENTER CAP REL COSTS-BLDG AND FIXT. CAP REL COSTS-MOVABLE EQUIP. PLANT OPERATION & MAINT. TRANSPORTATION - STAFF VOLUNTEER SERVICE COORD. ADMINISTRATIVE AND GENERAL INPATIENT CARE SERVICE INPATIENT - GENERAL CARE INPATIENT - RESPITE CARE					100 100	-226749	1 2 3 4 5 1248227 6
11 12 13 14 15 16 17	VISITING SERVICES PHYSICIAN SERVICES NURSING CARE NURSING CARE NURSING CARE-CONTINUOUS HOME PHYSICAL THERAPY OCCUPATIONAL THERAPY SPEECH/LANGUAGE PATHOLOGY MEDICAL SOCIAL SERVICES SPIRITUAL COUNSELING DIETARY COUNSELING COUNSELING - OTHER HH AIDE AND HOMEMAKER HH AIDE & HMKR-CONT. HOME CA OTHER OTHER HOSPICE SERVICE COSTS							54598 9 600337 10 10.20 266 11 12 13 33166 14 99973 15 16 17 148525 18 18.20
20.31	DRUGS, BIOL. & INFUS. THER. AMALGESICS SEDATIVES / HYPNOTICS OTHER - SPECIFY							85645 20 20.30 20.31 20.32
20.32 21 22 23 24 25 26 27 28 29	DURABLE MED. EQUIP./OXYGEN PATIENT TRANSPORTATION IMAGING SERVICES LABS AND DIAGNOSTICS MEDICAL SUPPLIES OUTPAT.SERV.(INCL.E/R DEPT.) RADIATION THERAPY CHEMOTHERAPY OTHER							20.32 170817 21 22 23 24 54900 25 26 27 28 29
30 31 32 33 34 35	HOSPICE NONREIMBURSABLE SERVICE BEREAVEMENT PROGRAM COSTS VOLUNTEER PROGRAM COSTS FUNDRAISING OTHER PROGRAM COSTS COST TO BE ALLOCATED UNIT COST MULTIPLIER							30 31 32 33 226749 34 .181657 35

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ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS HOSPICE NO.: 14-1511

	HOSPICE COST CENTER	HOSPICE TRIAL BALANCE 0	OLD CAP- REL COSTS BLDG&FIXT 1	OLD CAP- REL COSTS MOV EQUIP 2	NEW CAP- REL COSTS BLDG&FIXT 3	NEW CAP- REL COSTS MOV EQUIP 4	EMPLOYEE BENEFITS	SUBTOTAL 5A	ADMINI- STRATIVE & GENERA 6	
1	ADMINISTRATIVE AND GENERAL				13829		26631	40460	9152	
2	INPATIENT - GENERAL CARE INPATIENT - RESPITE CARE									2
4	PHYSICIAN SERVICES	64516						64516	14593	4
5	NURSING CARE	709392						709392	160464	5
-	NURSING CARE-CONTINUOUS HOM	700002						705552	100404	5.20
6	PHYSICAL THERAPY	314						314	71	6
7	OCCUPATIONAL THERAPY									7
8	SPEECH/LANGUAGE PATHOLOGY									8
9	MEDICAL SOCIAL SERV DIRE	39191						39191	8865	9
10	SPIRITUAL COUNSELING	118134						118134	26722	
11	DIETARY COUNSELING									11
12	COUNSELING - OTHER									12
13	HOME HLTH AIDE & HOMEMAKERS	175506						175506	39699	
	HH AIDE & HMKR-CONT. HOME C									13.20
14	OTHER	101000						101000		14
15	DRUGS, BIOLOGICALS & INFUSIO	101203						101203	22892	15.30
	ANALGESICS SEDATIVES / HYPNOTICS									15.30
	OTHER - SPECIFY									15.31
16	DURABLE MED. EQUIP./OXYGEN	201847						201847	45657	
17	PATIENT TRANSPORTATION	201017						201017		17
18	IMAGING SERVICES									18
19	LABS AND DIAGNOSTICS									19
20	MEDICAL SUPPLIES	64873						64873	14674	20
21	OUTPAT. SERV.(INCL.E/R DEPT									21
22	RADIATION THERAPY									22
23	CHEMOTHERAPY									23
24	OTHER									24
25	BEREAVEMENT PROGRAM COSTS									25
26 27	VOLUNTEER PROGRAM COSTS									26 27
27	FUNDRAISING OTHER PROGRAM COSTS									28
29	TOTALS	1474976			13829		26631	1515436	342789	
30	UNIT COST MULTIPLIER	T T 1 T 2 1 O			13027		20031	1313430		30

ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS HOSPICE NO.: 14-1511

	HOSPICE COST CENTER	MAINTEN- ANCE AND REPAIRS 7	OPERATION OF PLANT 8	LAUNDRY AND LINEN SERVICE 9	HOUSE- KEEPING	DIETARY 11	CAFETERIA	MAINT OF PERSONNEL	NURSING ADMINI- STRATION 14	1
6 7 8 9 10 11 12 13 13.20 14 15 15.30	ADMINISTRATIVE AND GENERAL INPATIENT - GENERAL CARE INPATIENT - RESPITE CARE PHYSICIAN SERVICES NURSING CARE-CONTINUOUS HOM PHYSICAL THERAPY OCCUPATIONAL THERAPY SPEECH/LANGUAGE PATHOLOGY MEDICAL SOCIAL SERV DIRE SPIRITUAL COUNSELING COUNSELING COUNSELING - OTHER HOME HITH AIDE & HOMEMAKERS HH AIDE & HMKR-CONT. HOME C OTHER DRUGS, BIOLOGICALS & INFUSIO ANALGESICS SEDATIVES / HYPNOTICS OTHER - SPECIFY DURABLE MED. EQUIP./OXYGEN PATIENT TRANSPORTATION IMAGING SERVICES LABS AND DIAGNOSTICS MEDICAL SUPPLIES MEDICAL SUPPLIES OUTPAT. SERV. (INCL.E/R DEPT RADIATION THERAPY CHEMOTHERAPY OTHER BEREAVEMENT PROGRAM COSTS VOLUNTEER PROGRAM COSTS FUNDRAISING OTHER PROGRAM COSTS		32480						13306 24151 1855 6089 13627	2 3 4 5 5.20 6 7 8 9 10 11
29 30	TOTALS UNIT COST MULTIPLIER		32480						59028	29 30

ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS

HOSPICE NO.: 14-1511

	HOSPICE COST CENTER	CENTRAL SERVICES & SUPPLY 15	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	NONPHYSI- CIAN ANES- THETISTS 20	I/R-SALARY AND FRINGES 22	I/R-OTHE PROGRAM COSTS 23	ER
6 7 8 9 10 11 12 13 13.20 14 15 15.30 15.31	ADMINISTRATIVE AND GENERAL INPATIENT - GENERAL CARE INPATIENT - RESPITE CARE PHYSICIAN SERVICES NURSING CARE NURSING CARE OURSING CARE-CONTINUOUS HOM PHYSICAL THERAPY OCCUPATIONAL THERAPY SPEECH/LANGUAGE PATHOLOGY MEDICAL SOCIAL SERV DIRE SPIRITUAL COUNSELING COUNSELING - OTHER HOME HLTH AIDE & HOMEMAKERS HH AIDE & HMKR-CONT. HOME C OTHER DRUGS, BIOLOGICALS & INFUSIO ANALGESICS SEDATIVES / HYPNOTICS OTHER - SPECIFY DURABLE MED. EQUIP./OXYGEN PATIENT TRANSPORTATION IMAGING SERVICES LABS AND DIAGNOSTICS MEDICAL SUPPLIES OUTPAT. SERV.(INCL.E/R DEPT RADIATION THERAPY CHEMOTHERAPY OTHER BEREAVEMENT PROGRAM COSTS FUNDRAISING OTHER PROGRAM COSTS TOTALS UNIT COST MULTIPLIER								1 2 3 4 5 5 . 20 6 6 7 8 9 10 11 12 13 13 . 20 14 15 . 30 15 . 31 15 . 32 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30

ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS HOSPICE NO.: 14-1511

	HOSPICE COST CENTER	PARAMED ED	SUBTOTAL	I&R COST & POST STEP- DOWN ADJS	SUBTOTAL	ALLOCATED HOSPICE A & G	TOTAL HOSPICE COSTS	
		24	25	26	27	28	29	
1 2	ADMINISTRATIVE AND GENERAL INPATIENT - GENERAL CARE		95398		95398			1 2
3 4	INPATIENT - RESPITE CARE PHYSICIAN SERVICES		79109		79109	4070	83179	3 4
5	NURSING CARE		894007		894007		940000	5
	NURSING CARE-CONTINUOUS HOM		094007		094007	43993	940000	5.20
6	PHYSICAL THERAPY		385		385	20	405	6
7	OCCUPATIONAL THERAPY							7
8	SPEECH/LANGUAGE PATHOLOGY							8
9	MEDICAL SOCIAL SERV DIRE		49911		49911			9
10	SPIRITUAL COUNSELING		150945		150945	7766	158711	10
11	DIETARY COUNSELING							11
12 13	COUNSELING - OTHER HOME HLTH AIDE & HOMEMAKERS		228832		228832	11772	240604	12 13
	HH AIDE & HMKR-CONT. HOME C		220032		220032	11//2	240004	13.20
14	OTHER							14
15	DRUGS, BIOLOGICALS & INFUSIO		124095		124095	6384	130479	15
15.30	ANALGESICS							15.30
15.31	SEDATIVES / HYPNOTICS							15.31
	OTHER - SPECIFY							15.32
16	DURABLE MED. EQUIP./OXYGEN		247504		247504	12733	260237	16
17	PATIENT TRANSPORTATION							17
18 19	IMAGING SERVICES LABS AND DIAGNOSTICS							18 19
20	MEDICAL SUPPLIES		79547		79547	4092	83639	20
21	OUTPAT. SERV.(INCL.E/R DEPT		12341		12341	4072	03035	21
22	RADIATION THERAPY							22
23	CHEMOTHERAPY							23
24	OTHER							24
25	BEREAVEMENT PROGRAM COSTS							25
26	VOLUNTEER PROGRAM COSTS							26
27	FUNDRAISING							27
28	OTHER PROGRAM COSTS		1949733		1949733		1040722	28
29 30	TOTALS UNIT COST MULTIPLIER		1949/33		1949/33	.051446	1949733	29 30
30	OMIT COST MODITEDIEK					.031440		30

ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS STATISTICAL BASIS HOSPICE NO.: 14-1511 WORKSHEET K-5 PART II

	HOSPICE COST CENTER	OLD CAP- REL COSTS BLDG&FIXT (SQUARE FEET)	OLD CAP- REL COSTS MOV EQUIP DOLLAR VALUE 2	NEW CAP- REL COSTS BLDG&FIXT (SQUARE FEET)	NEW CAP- REL COSTS MOV EQUIP DOLLAR VALUE 4	EMPLOYEE BENEFITS FTE'S SALARIES) 5	RECON- CILIATION	ADMINI- STRATIVE & GENERAL ACCUM COST 6	MAINTEN- ANCE AND REPAIRS (SQUARE FEET) 7
2 3 4 5 5.20 6 7 8 9 10	ADMINISTRATIVE AND GENERAL INPATIENT - GENERAL CARE INPATIENT - RESPITE CARE PHYSICIAN SERVICES NURSING CARE NURSING CARE OCCUPATIONAL THERAPY SPEECH/LANGUAGE PATHOLOGY MEDICAL SOCIAL SERV DIRE SPIRITUAL COUNSELING COUNSELING COUNSELING - OTHER	1107		1107	5511	30451		40460 64516 709392 314 39191 118134	1 2 3 4 5 5.20 6 7 8 9 10 11
13 13.20 14	HOME HLTH AIDE & HOMEMAKERS HH AIDE & HMKR-CONT. HOME C OTHER DRUGS, BIOLOGICALS & INFUSIO							175506 101203	13 13.20 14 15
15.30 15.31 15.32 16 17	ANALGESICS SEDATIVES / HYPNOTICS OTHER - SPECIFY DURABLE MED. EQUIP./OXYGEN PATIENT TRANSPORTATION IMAGING SERVICES							201847	15.30 15.31 15.32 16 17
20 21 22 23 24 25 26 27 28 29 30 31	LABS AND DIAGNOSTICS MEDICAL SUPPLIES OUTPAT. SERV.(INCL.E/R DEPT RADIATION THERAPY CHEMOTHERAPY OTHER BEREAVEMENT PROGRAM COSTS VOLUNTEER PROGRAM COSTS FUNDRAISING OTHER PROGRAM COSTS TOTAL TOTAL COST TO BE ALLOCATED UNIT COST MULTIPLIER UNIT COST MULTIPLIER	1107	1	1107 13829 2.492322	5511	30451 26631 .874553		1515436 342789 .226198	19 20 21 22 23 24 25 26 27 28 29 30 31

ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS STATISTICAL BASIS HOSPICE NO.: 14-1511 WORKSHEET K-5 PART II

	HOSPICE COST CENTER	OPERATION OF PLANT (SQUARE FEET) 8	LAUNDRY AND LINEN SERVICE (POUNDS OF LAUNDRY) 9	DIETARY (MEALS SERVED) 11	CAFETERIA (MEALS SERVED) 12	MAINT OF PERSONNEL (NUMBER HOUSED) 13	NURSING ADMINI- STRATION (DIRECT NRSG HRS) 14	CENTRAL SERVICES & SUPPLY (COSTED REQUIS) 15
1 2 3	ADMINISTRATIVE AND GENERAL INPATIENT - GENERAL CARE INPATIENT - RESPITE CARE	1107					6864	1 2 3 4
4 5 5.20 6 7 8	PHYSICIAN SERVICES NURSING CARE NURSING CARE-CONTINUOUS HOM PHYSICAL THERAPY OCCUPATIONAL THERAPY SPEECH/LANGUAGE PATHOLOGY						12459	4 5 5.20 6 7 8
9 10 11	MEDICAL SOCIAL SERV DIRE SPIRITUAL COUNSELING DIETARY COUNSELING						957 3141	9 10 11
14 15 15.30 15.31	COUNSELING - OTHER HOME HLTH AIDE & HOMEMAKERS HH AIDE & HMKR-CONT. HOME C OTHER DRUGS, BIOLOGICALS & INFUSIO ANALGESICS SEDATIVES / HYPNOTICS OTHER - SPECIFY DURABLE MED. EQUIP./OXYGEN PATIENT TRANSPORTATION IMAGING SERVICES LABS AND DIAGNOSTICS MEDICAL SUPPLIES OUTPAT. SERV.(INCL.E/R DEPT RADIATION THERAPY CHEMOTHERAPY OTHER BEREAVEMENT PROGRAM COSTS VOLUNTEER PROGRAM COSTS FUNDRAISING OTHER PROGRAM COSTS						7030	12 13 13.20 14 15 15.30 15.31 15.32 16 17 18 19 20 21 22 23 24 25 26 27 28
28 29 30 31 31	OTHER PROGRAM COSTS TOTAL TOTAL COST TO BE ALLOCATED UNIT COST MULTIPLIER UNIT COST MULTIPLIER	1107 32480 29.340560					30451 59028 1.938459	28 29 30 31 31

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PART II

ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS STATISTICAL BASIS HOSPICE NO.: 14-1511 WORKSHEET K-5

	HOSPICE COST CENTER	PHARMACY (COSTED REQUIS) 16	MEDICAL RECORDS & LIBRARY GROSS REVENUE 17	SOCIAL SERVICE (TIME SPENT) 18	NONPHYSI - CIAN ANES- THETISTS (ASSIGNED TIME) 20	I/R-SALARY AND FRINGES (ASSIGNED TIME) 22	I/R-OTHER PROGRAM COSTS (ASSIGNED TIME) 23	PARAMED ED (ASSIGNED TIME) 24
6 7 8 9 10 11 12 13 13.20 14 15 15.30	ADMINISTRATIVE AND GENERAL INPATIENT - GENERAL CARE INPATIENT - RESPITE CARE PHYSICIAN SERVICES NURSING CARE-CONTINUOUS HOM PHYSICAL THERAPY OCCUPATIONAL THERAPY SPEECH/LANGUAGE PATHOLOGY MEDICAL SOCIAL SERV DIRE SPIRITUAL COUNSELING DIETARY COUNSELING COUNSELING - OTHER HOME HITH AIDE & HOMEMAKERS HH AIDE & HMKR-CONT. HOME C OTHER DRUGS, BIOLOGICALS & INFUSIO ANALGESICS SEDATIVES / HYPNOTICS OTHER - SPECIFY DURABLE MED. EQUIP./OXYGEN PATIENT TRANSPORTATION IMAGING SERVICES LABS AND DIAGNOSTICS MEDICAL SUPPLIES OUTPAT. SERV. (INCL.E/R DEPT RADIATION THERAPY CHEMOTHERAPY OTHER BEREAVEMENT PROGRAM COSTS FUNDRAISING	79374						1 2 3 4 5 5.20 6 7 8 9 10 11 12 13 13.20 14 15 15.30 15.31 15.32 16 17 18 19 20 21 22 23 24 25 26 27
28 29 30 31 31	OTHER PROGRAM COSTS TOTAL TOTAL COST TO BE ALLOCATED UNIT COST MULTIPLIER UNIT COST MULTIPLIER	79374						28 29 30 31 31

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> WORKSHEET K-5 PART III

APPORTIONMENT OF HOSPICE SHARED SERVICES

HOSPICE NO.: 14-1511

PART III - COMPUTATION OF TOTAL HOSPICE SHARED COSTS

	1	WKST C, PART I, COL. 9, LINE 0	COST TO CHARGE RATIO 1	TOTAL HOSPICE CHARGES 2	HOSPICE SHARED ANCILLARY COSTS 3	
Al	CILLARY SERVICE COST CENTERS					
1	PHYSICAL THERAPY	50	0.364701			1
2	OCCUPATIONAL THERAPY	51				2
3	SPEECH/LANGUAGE PATHOLOGY	52	0.255827			3
4	DRUGS, BIOLOGICALS AND INFUSION	56	0.167369			4
5	DURABLE MEDICAL EQUIPMENT/OXYGEN	67				5
6	LABS AND DIAGNOSTICS	44	0.141873			6
7	MEDICAL SUPPLIES	55	0.997637			7
8	OUTPATIENT SERVICES (INCL. E/R DEPT)	61	0.170287			8
9	RADIATION THERAPY	41	0.247182			9
9.01	BREAST HEALTH CENTER	41.01				9.01
10	ENTEROSTOMAL THERAPY	59				10
10.10	NEUROLOGY	59.10				10.10
10.20	EMG	59.20				10.20
10.30	OUTSIDE SERVICES	59.30	0.263545			10.30
10.40	AUDIOLOGY	59.40				10.40
11	TOTALS					11

PROVIDER NO. 14-0179 LITTLE COMPANY OF MARY PERIOD FROM 07/01/2007 TO 06/30/2008
 KPMG LLP COMPU-MAX MICRO SYSTEM
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 11/30/2008 12:00

	CALCULATION OF HOSPICE PER DIEM COST		HOSPICE NO.	: 14-1511		WORKSHEET K-6
	COMPUTATION OF PER DIEM COST	TITLE XVIII	TITLE XIX	OTHER 3	TOTAL 4	
1	TOTAL COST				1949733	1
2	TOTAL UNDUPLICATED DAYS				14449	2
3	AGGREGATE COST PER DIEM				134.94	3
4	UNDUPLICATED MEDICARE DAYS	13181				4
5	AGGREGATE MEDICARE COST	1778644				5
6	UNDUPLICATED MEDICAID DAYS					6
7	AGGREGATE MEDICAID COST					7
8	UNDUPLICATED SNF DAYS					8
9	AGGREGATE SNF COST					9
10	UNDUPLICATED NF DAYS					10
11	AGGREGATE NF COST					11
12	OTHER UNDUPLICATED DAYS			1268		12
13	AGGREGATE COST FOR OTHER DAYS			171104		13

WORKSHEET L

PROVIDER NO. 14-0179 LITTLE COMPANY OF MARY
PERIOD FROM 07/01/2007 TO 06/30/2008 KPMG LLP COMPU-MAX MICRO SYSTEM
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CALCULATION OF CAPITAL PAYMENT - TITLE XVIII - FULLY PROSPECTIVE METHOD

	CALCULATION OF CAPITAL PAIMENT - IIILE AVIII - FULLI	PROSPECTIVE	MEIROD			WORKSHEET L
		HOSPITAL	SUB I	SUB II	SUB III	SUB IV
	PART I - FULLY PROSPECTIVE METHOD	,				
1	CAPITAL HOSPITAL SPECIFIC RATE PAYMENTS CAPITAL FEDERAL AMOUNT					1
2 3	CAPITAL DRG OTHER THAN OUTLIER CAPITAL DRG OUTLIER PAYMENTS FOR SERVICES RENDERED PRIOR TO OCTOBER 1, 1997	3851424				2 3
3.01	CAPITAL DRG OUTLIER PAYMENTS FOR SERVICES RENDERED ON OR AFTER OCTOBER 1, 1997 INDIRECT MEDICAL EDUCATION ADJUSTMENT	23099				3.01
4	TOTAL INPAT DAYS DIVIDED BY NO OF DAYS IN CR PERIOD [E-3,PT VI,LN.18] [E,PT A,LN.3.17][x E-3,PT VI,LN.1]	169.84				4
4 01	NO. OF INTERNS & RESIDENTS 4.22 0.00	4.22				4.01
	INDIRECT MEDICAL EDUCATION PERCENTAGE	0.70				4.02
	INDIRECT MEDICAL EDUCATON ADJUSTMENT	26960				4.03
	DISPROPORTIONATE SHARE ADJUSTMENT					
5	% OF SSI RECIPIENT PAT DAYS TO MEDICARE PART A PAT DAYS	0.0560				5
5.01	% OF MEDICAID PAT DAYS TO TOTAL DAYS ON WKST S-3, PART I	0.1754				5.01
	SUM OF LINES 5 AND 5.01	0.2314				5.02
	ALLOWABLE DISPROPORTIONATE SHARE PERCENTAGE	0.0480				5.03
	DISPROPORTIONATE SHARE ADJUSTMENT	184868				5.04
6	TOTAL PROSPECTIVE CAPITAL PAYMENTS	4086351				6
	PART II - HOLD HARMLESS METHOD					
1	NEW CAPITAL					1
2	OLD CAPITAL					2
3	TOTAL CAPITAL					3
4	RATIO OF NEW CAPITAL TO TOTAL CAPITAL					4
5	TOTAL CAPITAL PAYMENTS UNDER 100% FEDERAL RATE					5
6	REDUCTION FACTOR FOR HOLD HARMLESS PAYMENT					6
7	REDUCED OLD CAPITAL AMOUNT					7
8	HOLD HARMLESS PAYMENT FOR NEW CAPITAL					8
9 10	SUBTOTAL PAYMENT UNDER HOLD HARMLESS (GREATER OF LINE 5 OR LINE 9)					9 10
	PART III - PAYMENT UNDER REASONABLE COST					
1	PROGRAM INPATIENT ROUTINE CAPITAL COST					1
2	PROGRAM INPATIENT ANCILLARY CAPITAL COST					2
3	TOTAL INPATIENT PROGRAM CAPITAL					3
4	CAPITAL COST PAYMENT FACTOR					4
5	TOTAL INPATIENT PROGRAM CAPITAL COST					5
	PART IV - COMPUTATION OF EXCEPTION PAYMENTS					
1	PROGRAM INPATIENT CAPITAL COSTS					1
2	PROGRAM INPATIENT CAPITAL COSTS FOR EXTRAORDINARY CIRCUMSTANCES					2
3	NET PROGRAM INPATIENT CAPITAL COSTS					3
4	APPLICABLE EXCEPTION PERCENTAGE					4
5	CAPITAL COST FOR COMPARISON TO PAYMENTS					5
6	PERCENTAGE ADJUSTMENT FOR EXTRAORDINARY CIRCUMSTANCES					6
7	ADJUSTMENT TO CAPITAL MINIMUM PAYMENT LEVEL FOR EXTRAORDINARY CIRCUMSTANCES					7
8	CAPITAL MINIMUM PAYMENT LEVEL					8
9	CURRENT YEAR CAPITAL PAYMENTS					9
10	CURRENT YEAR COMPARISON OF CAPITAL MINIMUM PAYMENT LEVEL TO CAPITAL PAYMENTS					10
11	CARPITAL PAIMENTS CARRYOVER OF ACCUMULATED CAPITAL MINIMUM PAYMENT LEVEL OVER CAPITAL PAYMENT					11
12	NET COMPARISON OF CAPITAL MINIMUM PYMNT LEVEL TO CAPITAL PYMNTS					12
13	CURRENT YEAR EXCEPTION PAYMENT					13
14	CARRYOVER OF ACCUMULATED CAPITAL MINIMUM PAYMENT LEVEL					14
	OVER CAPITAL PAYMENT FOR FOLLOWING PERIOD					
15	CURRENT YEAR ALLOWABLE OPERATING AND CAPITAL PAYMENT (SEE INSTRUCTIONS)					15
16	CURRENT YEAR OPERATING AND CAPITAL COSTS (SEE INSTRUCTIONS)					16
17	CURRENT YEAR EXCEPTION OFFSET AMOUNT					17

ALLOCATION OF ALLOWABLE CAPITAL COSTS FOR EXTRAORDINARY CIRCUMSTANCES

WORKSHEET L-1 PART I

							1111(1 1
	COST CENTER DESCRIPTION	EXTRAORDI- NARY CAP- REL COSTS	SUBTOTAL	SUBTOTAL	I&R COST & POST STEP- DOWN ADJS	TOTAL	
		0	4A	25	26	27	
1 2 3 4	GENERAL SERVICE COST CENTERS OLD CAP REL COSTS-BLDG & FIXT OLD CAP REL COSTS-MYBLE EQUIP NEW CAP REL COSTS-BLDG & FIXT NEW CAP REL COSTS-MYBLE EQUIP EMPLOYEE BENEFITS						1 2 3 4 5
6 7 8	ADMINISTRATIVE & GENERAL MAINTENANCE & REPAIRS OPERATION OF PLANT						6 7 8
9 10 11	LAUNDRY & LINEN SERVICE HOUSEKEEPING DIETARY						9 10 11
12	CAFETERIA						12
13 14	MAINTENANCE OF PERSONNEL NURSING ADMINISTRATION						13 14
15	CENTRAL SERVICES & SUPPLY						15
16	PHARMACY						16 17
17 18	MEDICAL RECORDS & LIBRARY SOCIAL SERVICE						18
20	NONPHYSICIAN ANESTHETISTS						20
21 22	NURSING SCHOOL I&R SERVICES-SALARY & FRINGES A						21 22
23 24	I&R SERVICES-OTHER PRGM COSTS A PARAMED ED PRGM-(SPECIFY) INPATIENT ROUTINE SERV COST CENTR	ERS					23 24
25 26 27	ADULTS & PEDIATRICS INTENSIVE CARE UNIT CORONARY CARE UNIT						25 26 27
29	SURGICAL INTENSIVE CARE UNIT						29
29.10 31	NICU SUBPROVIDER I						29.10 31
33	NURSERY						33
37	ANCILLARY SERVICE COST CENTERS OPERATING ROOM						37
39	DELIVERY ROOM & LABOR ROOM						39
40 41	ANESTHESIOLOGY RADIOLOGY-DIAGNOSTIC						40 41
	BREAST HEALTH CENTER						41.01
42 43	RADIOLOGY-THERAPEUTIC RADIOISOTOPE						42 43
	ULTRASOUND						43.10
	CT SCAN						43.20
43.30	CATH LAB LABORATORY						43.30 44
	BLOOD CLOTTING FACTORS ADMIN CO						46.30
49 49.01	RESPIRATORY THERAPY SLEEP LAB						49 49.01
50	PHYSICAL THERAPY						50
51 52	OCCUPATIONAL THERAPY SPEECH PATHOLOGY						51 52
53	ELECTROCARDIOLOGY						53
53.01 54	C-PORT ELECTROENCEPHALOGRAPHY						53.01 54
55 56	MEDICAL SUPPLIES CHARGED TO PAT DRUGS CHARGED TO PATIENTS						55 56
57 58	RENAL DIALYSIS ASC (NON-DISTINCT PART)						57 58
58.10	GI LAB						58.10
59 59 10	ENTEROSTOMAL THERAPY NEUROLOGY						59 59.10
59.20	EMG						59.20
	OUTSIDE SERVICES AUDIOLOGY OUTPATIENT SERVICE COST CENTERS						59.30 59.40
60	CLINIC						60
	PALOS DIAGNOSTIC CENTER						60.01 61
	EMERGENCY OBSERVATION BEDS (NON-DISTINCT						62
	OUTPATIENT REHAB WOUND CARE CENTER						63 63.10
63.50	RHC						63.10
63.60							63.60
69.10	OTHER REIMBURSABLE COST CENTERS CMHC						69.10
69.20	OUTPATIENT PHYSICAL THERAPY						69.20

ALLOCATION OF ALLOWABLE CAPITAL COSTS FOR EXTRAORDINARY CIRCUMSTANCES

WORKSHEET L-1 PART I

	COST CENTER DESCRIPTION	EXTRAORDI- NARY CAP- REL COSTS 0	SUBTOTAL 4A	SUBTOTAL 25	I&R COST & POST STEP- DOWN ADJS 26	TOTAL 27	
	OUTPATIENT OCCUPATIONAL THERAPY OUTPATIENT SPEECH PATHOLOGY HOME HEALTH AGENCY SPECIAL PURPOSE COST CENTERS						69.30 69.40 71
85.02	PANCREAS ACQUISITION INTESTINAL ACQUISITION ISLET CELL ACQUISITION HOSPICE MOBILE MED SUBTOTALS						85.01 85.02 85.03 93 94 95
98	NONREIMBURSABLE COST CENTERS GIFT, FLOWER, COFFEE SHOP & CAN ADULT DAY CARE PHYSICIANS' PRIVATE OFFICES VACANT SPACE FUND DEVELOPMENT CROSS FOOT ADJUSTMENTS NEGATIVE COST CENTER TOTAL TOTAL STATISTICAL BASIS UNIT COST MULTIPLIER UNIT COST MULTIPLIER						96 97.10 98 98.01 00 101 102 103 104 105

**** REPORT 97 ***** UTILIZATION STATISTICS ****

HOSPITAL

COST CENTERS	TITLE X PART A 1	VIII PART B 2	INPATIENT	LE XIX OUTPATIENT 4	INPATIENT	PARTY UT	
UTILIZATION PERCENTAGES BASED ON DAYS							
UTILIZATION PERCENTAGES BASED ON DAYS 25 ADULTS & PEDIATRICS 26 INTENSIVE CARE UNIT	56 78		12 38			69.16	25
26 INTENSIVE CARE UNIT	57 82		9 88			67.70	26
29.10 NICU	37.02		76.76			76.76	29.10
33 NURSERY			53.47			53.47	33
UTILIZATION PERCENTAGES BASED ON CHARG	ES						
37 OPERATING ROOM	29.21	11.72				40.93	37
		0.14				0.54	39
40 ANESTHESIOLOGY	24.48	10.53				35.01	40
39 DELIVERY ROOM & LABOR ROOM 40 ANESTHESIOLOGY 41 RADIOLOGY-DIAGNOSTIC 42 RADIOLOGY-THERAPEUTIC 43 RADIOISOTOPE 43.10 ULTRASOUND 43.20 CT SCAN 43.30 CATH LAB 44 LABORATORY 49 RESPIRATORY THERAPY 49.01 SLEEP LAB 50 PHYSICAL THERAPY 52 SPEECH PATHOLOGY 53 ELECTROCARDIOLOGY	28.08	17.05				45.13	41
42 RADIOLOGY-THERAPEUTIC	5.68	48.69				54.37	42
43 RADIOISOTOPE	27.21	25.91				53.12	43
43.10 ULTRASOUND	17.08	9.31				26.39	43.10
43.20 CT SCAN	24.28	18.34				42.62	43.20
43.30 CATH LAB	48.59	4.72				53.31	43.30
44 LABORATORY	29.57	1.59				31.16	44
49 RESPIRATORY THERAPY	54.88	2.63				57.51	49
49.01 SLEEP LAB	0.38	23.30				23.68	49.01
50 PHYSICAL THERAPY	29.71					29.71	50
52 SPEECH PATHOLOGY	56.87					56.87	52
53 ELECTROCARDIOLOGY	37.08	12.23				49.31	53
54 ELECTROENCEPHALOGRAPHY	18.23	20.83				39.06	54
55 MEDICAL SUPPLIES CHARGED TO PAT	47.12	5.40				52.52	55
56 DRUGS CHARGED TO PATIENTS	40.18	10.18				50.36	56
57 RENAL DIALYSIS	68.39	0.11				68.50	57
58 ASC (NON-DISTINCT PART)		39.16				39.16	58
58.10 GI LAB	18.99	24.82				43.81	58.10
59.30 OUTSIDE SERVICES	31.77	14.45				46.22	59.30
60 CLINIC	2.59	42.19				44.78	60
60.01 PALOS DIAGNOSTIC CENTER	0.91	54.53				55.44	60.01
61 EMERGENCY	21.75	8.42				30.17	61
62 OBSERVATION BEDS (NON-DISTINCT		6.20				6.20	62
63 OUTPATIENT REHAB		4.94				4.94	63
52 SPEECH PATHOLOGY 53 ELECTROCARDIOLOGY 54 ELECTROCARDIOLOGY 55 MEDICAL SUPPLIES CHARGED TO PAT 56 DRUGS CHARGED TO PATIENTS 57 RENAL DIALYSIS 58 ASC (NON-DISTINCT PART) 58.10 GI LAB 59.30 OUTSIDE SERVICES 60 CLINIC 60.01 PALOS DIAGNOSTIC CENTER 61 EMERGENCY 62 OBSERVATION BEDS (NON-DISTINCT 63 OUTPATIENT REHAB 63.10 WOUND CARE CENTER	1.35	51.69				53.04	63.10
101 TOTAL CHARGES	22.88	9.52				32.40	101

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***** REPORT 97 ***** UTILIZATION STATISTICS *****

SUBPROVIDER I

	COST CENTERS	TITLE 1 PART A 1	XVIII PART B 2	 E XIX OUTPATIENT 4	TIT INPATIENT 5	CLE V OUTPATIENT 6	TOTAL THE PARTY UT	
	IZATION PERCENTAGES BASED ON DAYS							
31	SUBPROVIDER I	45.04					45.04	31
UTIL	IZATION PERCENTAGES BASED ON CHARG	GES						
41	RADIOLOGY-DIAGNOSTIC	0.12					0.12	41
42	RADIOLOGY-THERAPEUTIC	0.07					0.07	42
43	RADIOISOTOPE	0.03					0.03	43
43.	10 ULTRASOUND	0.03					0.03	43.10
43.	20 CT SCAN	0.17					0.17	43.20
44	LABORATORY	0.51					0.51	44
49	RESPIRATORY THERAPY	0.08					0.08	49
50	PHYSICAL THERAPY	0.50					0.50	50
52	SPEECH PATHOLOGY	0.16					0.16	52
53	ELECTROCARDIOLOGY	0.21					0.21	53
54	ELECTROENCEPHALOGRAPHY	0.05					0.05	54
55	MEDICAL SUPPLIES CHARGED TO PAT	Γ 0.25					0.25	55
56	DRUGS CHARGED TO PATIENTS	0.41					0.41	56
57	RENAL DIALYSIS	0.04					0.04	57
58.	10 GI LAB	0.04					0.04	58.10
59.	30 OUTSIDE SERVICES	0.03					0.03	59.30
60	CLINIC	0.06					0.06	60
61	EMERGENCY	0.22					0.22	61
63	OUTPATIENT REHAB	0.04					0.04	63
101	TOTAL CHARGES	0.17					0.17	101

	COST CENTER	DIRECT	COSTS	ALLOCATED OVERHEAD AMOUNT %		TOTAL (OSTS	
	CODI CENTER	AMOUNT	8	AMOUNT	%	AMOUNT	8	
	GENERAL SERVICE COST CENTERS							
1	OLD CAP REL COSTS-BLDG & FIXT							1
2	OLD CAP REL COSTS-MVBLE EQUIP NEW CAP REL COSTS-BLDG & FIXT NEW CAP REL COSTS-MVBLE EQUIP EMPLOYEE BENEFITS ADMINISTRATIVE & GENERAL							2
3	NEW CAP REL COSTS-BLDG & FIXT	8165716	5.05	-8165716	-12.60			3
4	NEW CAP REL COSTS-MVBLE EQUIP	6631247	4.10	-6631247	-10.23			4
5	EMPLOYEE BENEFITS	2163431	1.34	-2163431	-3.34			5
6	ADMINISTRATIVE & GENERAL	27717014	17.15	-27717014	-42.75			6
7	ADMINISTRATIVE & GENERAL MAINTENANCE & REPAIRS OPERATION OF PLANT LAUNDRY & LINEN SERVICE HOUSEKEEPING DIETARY CAFETERIA MAINTENANCE OF PERSONNEL NURSING ADMINISTRATION							7
8	OPERATION OF PLANT	7473355	4.62	-7473355	-11.53			8
9	LAUNDRY & LINEN SERVICE	581017	.36	-581017	90			9
10	HOUSEKEEPING	2684588	1.66	-2684588	-4.14			10
11	DIETARY	1481428	.92	-1481428	-2.29			11
12	CAFETERIA	721700	.45	-721700	-1.11			12
13	MAINTENANCE OF PERSONNEL							13
	MAINTENANCE OF PERSONNEL NURSING ADMINISTRATION CENTRAL SERVICES & SUPPLY PHARMACY	1971874	1.22	-1971874	-3.04			14
15	CENTRAL SERVICES & SUPPLY							15
16	PHARMACY MEDICAL RECORDS & LIBRARY	2168906	1.34	-2168906	-3.35			16
17	MEDICAL RECORDS & LIBRARY	2112318	1.31	-2112318	-3.26			17
18	SOCIAL SERVICE NONPHYSICIAN ANESTHETISTS	729700	.45	-729700	-1.13			18
20	NONPHYSICIAN ANESTHETISTS							20
21	NURSING SCHOOL							21
22	I&R SERVICES-SALARY & FRINGES A		.14	-227949	35			22
23	I&R SERVICES-OTHER PRGM COSTS A							23
24	PARAMED ED PRGM-(SPECIFY)							24
	INPATIENT ROUTINE SERV COST CENTE	RS						
25	INPATIENT ROUTINE SERV COST CENTE ADULTS & PEDIATRICS INTENSIVE CARE UNIT CORONARY CARE UNIT	20228326	12.51	15832210	24.42	36060536	22.31	25
26	INTENSIVE CARE UNIT	6269763	3.88	3303027	5.09	9572790	5.92	26
27	CORONARY CARE UNIT							27
29	SURGICAL INTENSIVE CARE UNIT							29
	NICU	1335651	.83	538720	.83	1874371	1.16	29.10
31	SUBPROVIDER I	1493909	.92	1581387	2.44	3075296	1.90	31
33	SURGICAL INTENSIVE CARE UNIT NICU SUBPROVIDER I NURSERY	635506	.39	264883	.41	900389	.56	33
	ANCILLARY SERVICE COST CENTERS OPERATING ROOM DELIVERY ROOM & LABOR ROOM ANESTHESIOLOGY RADIOLOGY-DIAGNOSTIC							
37	OPERATING ROOM	12812319	7.93	7939796	12.25	20752115	12.84	37
39	DELIVERY ROOM & LABOR ROOM	2372093	1.47	1638104	2.53	4010197	2.48	39
40	ANESTHESIOLOGY	472166	.29	426793	.66	898959	.56	40
41	RADIOLOGY-DIAGNOSTIC	3474982	2.15	3683655	5.68	7158637	4.43	41
41.01	BREAST HEALTH CENTER			0500100		445545	0.75	41.01
42	RADIOLOGY-THERAPEUTIC	1917928	1.19	2539189	3.92	4457117 2474787	2.76	42
43	RADIOISOTOPE	1507818	.93	966969	1.49	2474787	1.53	43
43.10	ULTRASOUND	19//341	1.22	86/885	1.34	2845226	1.76	43.10
43.20	CT SCAN	1694816	1.05	1229948	1.90	2924764	1.81	43.20
43.30	BREAST HEALTH CENTER RADIOLOGY-THERAPEUTIC RADIOISOTOPE ULTRASOUND CT SCAN CATH LAB LABORATORY	591387	.37	344735	.53	936122 12385899	.58	43.30
44	LABURATURY	8684189	5.37	3,101,110	5.71	12385899	7.66	44
46.30	BLOOD CLOTTING FACTORS ADMIN CO	2426125	1 [1	1270465	0.10	2015600	2.26	46.30
49	KESPIKATURY THEKAPY	2436135	1.51	13/9465	∠.⊥3	3815600	2.36	49
49.01	BLOOD CLOTTING FACTORS ADMIN CO RESPIRATORY THERAPY SLEEP LAB	209250	.13	841/3	.13	293423	.18	49.01

	COST CENTER	DIRECT AMOUNT	COSTS	ALLOCATED AMOUNT	OVERHEAD	TOTAL	COSTS %	
50	PHYSICAL THERAPY	1555458	. 96	954740	1.47	2510198	1.55	50
51	OCCUPATIONAL THERAPY	1555156	.,,	331710		2010170	1.55	51
52	SPEECH PATHOLOGY	200534	.12	90378	.14	290912	.18	52
53	ELECTROCARDIOLOGY	1305544	.81	786995	1.21	2092539	1.29	53
	C-PORT	1303311	.01	,00,55	1.21	2072007	1.27	53.01
54	ELECTROENCEPHALOGRAPHY	80307	.05	126496	.20	206803	.13	54
55	MEDICAL SUPPLIES CHARGED TO PAT	1102175	.68	863065	1.33	1965240	1.22	55
56	DRUGS CHARGED TO PATIENTS	7102352	4.39	5075397	7.83	12177749	7.53	56
57	RENAL DIALYSIS	704354	.44	259797	.40	964151	.60	57
58	ASC (NON-DISTINCT PART)	975891	.60	299270	.46	1275161	.79	58
58.10	GI LAB	1631078	1.01	1101535	1.70	2732613	1.69	58.10
59	ENTEROSTOMAL THERAPY							59
59.10	NEUROLOGY							59.10
59.20	EMG							59.20
59.30	OUTSIDE SERVICES	622954	.39	401110	.62	1024064	.63	59.30
59.40	AUDIOLOGY							59.40
60	CLINIC	361556	.22	458620	.71	820176	.51	60
60.01	PALOS DIAGNOSTIC CENTER	250527	.15	102878	.16	353405	.22	60.01
61	EMERGENCY	5366565	3.32	3242243	5.00	8608808	5.33	61
62	OBSERVATION BEDS (NON-DISTINCT							62
63	OUTPATIENT REHAB	1127250	.70	1251774	1.93	2379024	1.47	63
63.10	WOUND CARE CENTER	456426	.28	290439	.45	746865	.46	63.10
63.50	RHC							63.50
63.60	FQHC							63.60
	OTHER REIMBURSABLE COST CENTERS							
	OUTPATIENT SERVICE COST CENTERS							
69.10	CMHC							69.10
69.20	OUTPATIENT PHYSICAL THERAPY							69.20
	OUTPATIENT OCCUPATIONAL THERAPY							69.30
69.40	OUTPATIENT SPEECH PATHOLOGY							69.40
71	HOME HEALTH AGENCY	3038827	1.88	1161017	1.79	4199844	2.60	71
	SPECIAL PURPOSE COST CENTERS							
	PANCREAS ACQUISITION							85.01
	INTESTINAL ACQUISITION							85.02
	ISLET CELL ACQUISITION							85.03
93	HOSPICE	1474976	.91	474757	.73	1949733	1.21	93
94	MOBILE MED	264305	.16	85391	.13	349696	.22	94
	NONREIMBURSABLE COST CENTERS							
96	GIFT, FLOWER, COFFEE SHOP & CAN			212808	.33	212808	.13	96
	ADULT DAY CARE	308049	.19	131754	. 20	439803	. 27	97.10
98	PHYSICIANS' PRIVATE OFFICES	782982	.48	474261	.73	1257243	.78	98
	VACANT SPACE			642103	.99	642103	.40	98.01
100	FUND DEVELOPMENT			20766	.03	20766	.01	100
101	CROSS FOOT ADJUSTMENTS							101
102	NEGATIVE COST CENTER	161655000	100 00		0.0	161655000	100.00	102
103	TOTAL	161655932	100.00	0	.00	161655932	100.00	103

PROVIDER NO. 14-0179 LITTLE COMPANY OF MARY PERIOD FROM 07/01/2007 TO 06/30/2008 KPMG LLP COMPU-MAX MICRO SYSTEM VERSION: 2008.05 11/30/2008

APPORTIONMENT OF INPATIENT MEDICARE ANCILLARY SERVICE PPS CAPITAL COSTS

				RATIO		MEDICARE	
	OT COMMON DECCRETOR	CAPITAL	moma r	CAPITAL	INPATIENT	INPATIENT	
CO	ST CENTER DESCRIPTION	RELATED COSTS	TOTAL CHARGES	COST TO CHARGES	PROGRAM CHARGES	PPS CAPITAL COSTS	
		1	2	3	4	5	
		±	2	3	-	3	
	ANCILLARY SERVICE COST CENTERS						
37	OPERATING ROOM	1844619	66279440	.027831	19357976	538752	37
39	DELIVERY ROOM & LABOR ROOM	482437	12116782	.039816	48244	1921	39
40	ANESTHESIOLOGY	169260	15483726	.010931	3790044	41429	40
41	RADIOLOGY-DIAGNOSTIC	1555843	28961029	.053722	8132701	436905	41
	BREAST HEALTH CENTER						41.01
42	RADIOLOGY-THERAPEUTIC	855865	19560305	.043755	1110999	48612	42
43	RADIOISOTOPE	326952	11600443	.028184	3156387	88960	43
	ULTRASOUND	240127	16527645	.014529	2822583	41009	43.10
	CT SCAN	473115	45157841	.010477	10963291	114862	43.20
	CATH LAB	140753	5330201	.026407	2590044	68395	43.30
44	LABORATORY	707057	87302900	.008099	25816295	209086	44
	BLOOD CLOTTING FACTORS ADMIN CO						46.30
49	RESPIRATORY THERAPY	359908	23648175	.015219	12977502	197505	49
	SLEEP LAB	19988	948504	.021073	3647	77	49.01
50	PHYSICAL THERAPY	206628	6882898	.030020	2044594	61379	50
51	OCCUPATIONAL THERAPY						51
52	SPEECH PATHOLOGY	19202	1137142	.016886	646657	10919	52
53	ELECTROCARDIOLOGY	198358	18150351	.010929	6729623	73548	53
	C-PORT						53.01
54	ELECTROENCEPHALOGRAPHY	50358	1183095	.042565	215693	9181	54
55	MEDICAL SUPPLIES CHARGED TO PAT	355086	1969895	.180256	928134	167302	55
56	DRUGS CHARGED TO PATIENTS	437507	72759858	.006013	29231939	175772	56
57	RENAL DIALYSIS	54567	2521516	.021641	1724371	37317	57
58	ASC (NON-DISTINCT PART)	47636	107509	.443088			58
	GI LAB	370319	16156475	.022921	3067718	70315	58.10
59	ENTEROSTOMAL THERAPY						59
	NEUROLOGY						59.10
59.20							59.20
59.30	OUTSIDE SERVICES	276349	3885724	.071119	1234311	87783	59.30
59.40	AUDIOLOGY						59.40
	OUTPATIENT SERVICE COST CENTERS						
60	CLINIC	108832	978349	.111240	25382	2823	60
	PALOS DIAGNOSTIC CENTER	27698	1111821	.024912	10085	251	60.01
61	EMERGENCY	615650	50554742	.012178	10997645	133929	61
62	OBSERVATION BEDS (NON-DISTINCT	77617	1795173	.043237			62
	OTHER REIMBURSABLE COST CENTERS						
63	OUTPATIENT REHAB	339423	3913482	.086732			63
	WOUND CARE CENTER	64750	4000651	.016185	54114	876	63.10
63.50							63.50
63.60							63.60
101	TOTAL	10425904	520025672		147679979	2618908	101

PROVIDER NO. 14-0179 LITTLE COMPANY OF MARY PERIOD FROM 07/01/2007 TO 06/30/2008 KPMG LLP COMPU-MAX MICRO SYSTEM VERSION: 2008.05 11/30/2008

APPORTIONMENT	OF	INPATIENT	MEDICARE	ROUTINE	SERVICE	PPS	CAPITAL	COSTS	

COST CENTER DESCRIPTION	CAPITAL RELATED COSTS 1	SWING-BED ADJUSTMENT AMOUNT 2	TOTAL COST 3	TOTAL PATIENT DAYS 4	PER DIEM 5	INPATIENT PROGRAM DAYS 6	MEDICARE INPATIENT PPS CAPITAL COSTS 7
INPATIENT ROUTINE SERVICE COST CENTE	ERS						
25 ADULTS & PEDIATRICS 26 INTENSIVE CARE UNIT 27 CORONARY CARE UNIT 29 SURGICAL INTENSIVE CARE UNIT	3221916 640773		3221916 640773	54129 7551	59.52 84.86	30735 4366	1829347 25 370499 26 27 29
29.10 NICU 101 TOTAL	102537 3965226		102537 3965226	1420	72.21	35101	29.10
MEDICARE INPATIENT ROUTINE SERVICE PPS	CAPITAL COS	TS				21	99846
MEDICARE INPATIENT ANCILLARY SERVICE PR	PS CAPITAL C	OSTS				26	18908
TOTAL MEDICARE INPATIENT PPS CAPITAL CO	STS					48	18754
MEDICARE DISCHARGES (WORKSHEET S-3, LIN	NE 8, COLUMN	13)			6815		
MEDICARE PATIENT DAYS (WORKSHEET S-3, I	LINE 8, COLU	MN 4)			35101		
PER DISCHARGE CAPITAL COSTS						7	07.08
PER DIEM CAPITAL COSTS						1	37.28

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I. COST TO CHARGE RATIO FOR PPS HOSPITALS

1.	TOTAL PROGRAM (TITLE XVIII) INPATIENT OPERATING COST EXCLUDING CAPITAL RELATED, NONPHYSICIAN ANESTHETIST AND MEDICAL EDUCATION COST. (WORKSHEET D-1 PART II LINE 53)	48687947
2.	HOSPITAL PART A TITLE XVIII CHARGES (SUM OF INPATIENT CHARGES AND ANCILLARY CHARGES ON WKST D-4 FOR HOSPITAL TITLE XVIII COMPONENT)	213118802

COST TO CHARGE RATIO FOR PSYCH SUBPROVIDER

3. RATIO OF COST TO CHARGES (LINE 1 / LINE 2)

1. TOTAL MEDICARE COSTS 1563814 (WKST D-1 PART II LINE 49 - (WKST D PART III COLUMN 8 LINE 31 + WKST D PART IV COL 7 LINE 101))

2.	TOTAL	MEDICARE	CHARGES	417843
	(WKST	D-4 LINE	31 COLUMN 2 PLUS	
	WKST	D-4 LINE	103 COLUMN 2)	
	(SEE	CR 5619)		

3. RATIO OF COST TO CHARGES (LINE 1 / LINE 2) .374

II. COST TO CHARGE RATIO FOR CAPITAL

1.	TOTAL MEDICARE INPATIENT PPS CAPITAL RELATED C	OSTS 4818754
	(WKST D PART I LINES 25-30, COLS 10 & 12 +	
	WKST D PART II. LINE 101. COLS 6 & 8)	

2. RATIO OF COST TO CHARGES (LINE II-1 / LINE I-2) .023

III. COST TO CHARGE RATIO FOR OUTPATIENT SERVICES

1.	TOTAL PROGRAM (TITLE XVIII) OUTPATIENT COST	12538075
	EXCLUDING SERVICES NOT SUBJECT TO OPPS.	
	(WKST D, PART V, COLUMNS 2, 2.01, 3, 3.01,	
	4, 4.01, 5, 5.01, 5.03 & 5.04 x COLUMN 1.01	
	LESS LINES 45, 50 - 52, 57, 64, 65 &	
	SUBSCRIPTS, & 66)	

2. TOTAL PROGRAM (TITLE XVIII) OUTPATIENT CHARGES

EXCLUDING SERVICES NOT SUBJECT TO OPPS.

(WKST D, PART V, LINE 104, COLUMNS 2, 2.01,
3, 3.01, 4, 4.01, 5, 5.01, 5.03 & 5.04

LESS LINES 45, 50 - 52, 57, 64, 65 &

SUBSCRIPTS, & 66)

3. RATIO OF COST TO CHARGES (LINE 1 / LINE 2) $\hspace{1.5cm} \textbf{.204}$